# United States Court of Appeals for the Second Circuit



# **TRANSCRIPT**

75-6138

UNITED STATES COURT OF APPEALS

SECOND CIRCUIT

FRIEDA ROSENBERG,

B

Appellant,

v.

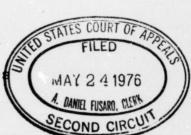
ELLIOT RICHARDSON, Secretary of Health, Education and Welfare,

Appellee.

On Appeal From The United State

District Court For The Eastern

District of New York



TRANSCRIPT OF ADMINISTRATIVE PROCEEDINGS

VOLUME II

IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF NEW YORK

FRIEDA ROSENBERG,

Plaintiff

VB.

Civil Action No. 71 C 482

ELLIOTT L. RICHARDSON, SECRETARY OF HEALTH, EDUCATION, AND WELFARE,

Defendant

#### SUPPLEMENTAL CERTIFICATION

I, H. Dale Cook, Chairman, Appeals Council and Director, Bureau of Hearings and Appeals, Social Security Administration, Department of Health, Education, and Welfare, under authority conferred upon me by the Secretary, hereby certify that the documents annexed hereto constitute a full and accurate transcript of the supplemental record of proceedings relating to the claim of Frieda Rosenberg for widow's insurance benefits under title II of the Social Security Act, as amended, such transcript and other evidence adduced in the supplemental proceedings, the recommended dicision of the administrative law judge and the decision of the Appeals Council.

Date: September 23, 1974

H. Dale Cook

Max Rosenberg , Claimant

Max Rosenberg , Wage Earner

Locount Mumber 922-01-0395

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Broila Absenberg

Social Security Acet. Number

Max Rosenbert Wage Harner

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30	Application for Social Security Account Number, dated May 26, 1947	1	190
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35	Rarnings Record, certified June 16, 197	1 1	202

Frieda Rosenberg

(Claiman

089-01-9395

(Social Security Number)

Max Hosenberg

(Wage Earner) (Leave blank if same as above)

#### EXHIBITS

EXHIBIT

DESCRIPTION

NO. OF TRANS CRIPT
Page No.

ENTERED DURING HEARING \*\*\* 8/24/73

36

New York State Income Tax Return, 1970, signed by Frieda Rosenberg and Max Rosenberg, 3/24/71.

263-210

ENTERED AFTER HEARING

Memorandum of Law, signed by Morris Aarons, Esquire, 8/31/73 Certificate of Death of Max Rosenberg.

3 211-214 1 215

231-232

2

Frieda Rosenberg (Claimant)

(Social Security Number)

Max Rosenberg
(Wage Earner) (Leave blank if same as above)

### Celia Rosenberg (party)

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AC-11	Letter from Appeals Council to claimant's attorney, enclosing copies of Exhibits AC-1 through AC-10, dated June 19, 1974	1	230
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80.



### DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SOCIAL SECURITY ADMINISTRATION P.O. BOX 2518, WASHINGTON, D.C. 20013

126

REFER TO:

XXXX IH -511 089-01-9395

Mr. Morris Aarons Attorney at Law 101 Park Avenue Bew York, Haw York 1 9 SEP 1974 HEARINGS AND APPEALS

Dear Mr. Aurons:

Ro: Mrs. Frieda Rosenbary, 65-91 - 162nd Street Plushing, May Work 11365

10017

Enclosed is a copy of the Appeals Council's decision holding that benefits are not payable under the Social Security Act after the month of November, 1971.

A certified copy of the transcript of the record, including this decision, will be prepared and forwarded to the Department of Justice for filing with the court.

Sincerely yours,

Chairman, Appeals Council

Enclosure

cc:Mr. Frieda Rosenberg



### DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SOCIAL SECURITY ADMINISTRATION P.O. BOX 2518, WASHINGTON, D.C. 20013

n手统1+511 089-01-9395 1 9 SEP 1974

BUREAU OF HEARINGS AND APPEALS

Mrs. Cail Pishman
·1114 New York Avenue
Brooklyn, New York 11203

Dear Mrs. Fishman:

Re: Mrs. Celia Rosenberg, 1114 New York Avenue Brooklyn, New York 11203

Enclosed is a copy of the Appeals Council's decision concerning the claim of Mrs. Frieda Rosenberg, in which Mrs. Culia Rosenberg was joined as an adverse party.

A supplemental transcript of the evidence of record, including this decision, will be prepared and forwarded to the Department of Justice for filing with the court. You will be notified of the final outcome of this action in due tourse.

Sincerely yours,

H. Dale Cook Chairman, Appeals Council

Enclosures

co: Mrs. Calia Rosenberg

#### DEPARTMENT OF

### HEALTH, EDUCATION, AND WELFARE

SOCIAL SECURITY ADMINISTRATION BUREAU OF HEARINGS AND APPEALS

128

#### DECISION OF APPEALS COUNCIL

In the case of	Claim Gr
Frieda Rosenberg (Cleiment)	Widow's Insurance Benefits Wife's Insurance Benefits
Max Rosenberg (Wage Earner) (Leave blank if same as above)	089-01-9395 (Social Security Number)

Celia Rosenberg (party)

By order dated January 29, 1973, the United States District Court for the Eastern District of New York remanded this case (Civil Action No. 71-C-482) to the Secretary of Health, Education, and Welfare. Thereafter, the Appeals Council remanded the case to an administrative law judge for a supplemental hearing which was held on August 24, 1973.

On September 20, 1973, the administrative law judge issued a recommended decision to which exceptions have been received.

Evidence in addition to that which was before the administrative law judge has been received into the record as Exhibits AC-1 through AC-10. The documents are briefly described in the attached list of exhibits. Copies of these exhibits were furnished to the attorney for his examination and comment by letter dated June 19, 1974. That letter appears in the record as Exhibit AC-11. No reply having been received, the case is now before the Appeals Council for final decision.

By letter dated October 1, 1973, the claimant's attorney, Sanford Black, objected to the recommended decision of the administrative law judge on the grounds that the claimant had lived with the wage earner for many years and was more entitled to benefits than Celia Rosenberg, who became entitled through a technicality. He further argued that if the claimant was not to be entitled, her benefits denied should be no more than the amount that Celia Rosenberg was actually on Max Rosenberg's earnings record.

In connection with this objection, the Appeals Council believes that Regulations No. 4, section 404.329 is applicable. That section reads in relevant part as follows:

"--A widow or surviving divorced wife is entitled to widow's insurance benefits beginning with the first month in which all the conditions of entitlement described in section 404.328(a) are satisfied and ending with the month before the first month in which any of the following events occurs:

(4) In the case of a woman entitled to widow's insurance benefits based on a purported marriage (see section 404. 1201(c)(2)) to the deceased individual, another woman is certified for entitlement to widow's insurance benefits based on such deceased individual's earnings record and such other woman is the widow (or is deemed to be the widow) of the deceased individual under the provisions of section 216(h)(1)(A) of the Act.

In the instant case, a woman, Celia Rosenberg, who has been determined to be the lawful widow of the wage earner on the basis of an undissolved ceremonial marriage which was performed in 1920, has become entitled to widow's insurance benefits by means of a Determination of Award certified December 3, 1971 1/ (Exhibit AC-4). Under the regulations of the Social Security Administration, entitlement of another widow by purported marriage is not possible beyond the month prior to the month of this extification. The attorney's objections are, accordingly, without merit since the action recommended by the administrative law judge's decision is supported by the Act and regulations, and they are, accordingly, overruled by the Appeals Council.

Under New York law, a presumption exists in favor of the validity of the last marriage and is referred to as one of the strongest known to the law.

<sup>1/</sup> Celia Rosenberg is entitled to old-Age Insurance Benefits on her own earnings record and is currently being paid thereon. Under the regulations (404.353, 404.407), benefits due her as a widow on this earnings record are reduced by the amount of her own benefits and the difference is paid on a single monthly check, based upon her own earnings record. The entry "Do Not Certify" appearing on Exhibit AC-4, therefore, does not mean lack of certification of entitlement to these benefits, but represents an internal instruction regarding the method of payment of these benefits on her own earnings record rather than the earnings record shown on the form.

However, this presumption of validity can be overcome by evidence that no divorce had in fact been granted. <u>Lucille Steele v. Richardson</u>, 427 F. 2d 49 (1972), and cases cited therein. In discussing the type and form of evidence required in such a situation, it has been held that a search of divorce records in the jurisdictions in which the wage earner resided would be sufficient indication that the first marriage remained undissolved.

The claimant was contacted for information concerning all jurisdictions in which the wage earner had resided between March 27, 1969, when he furnished a statement indicating the only divorce obtained from Celia was the Mexican "mail order" divorce, which was subsequently found to be invalid (Exhibit 8), and his death on April 14, 1971 (Exhibit AC-1). All jurisdictions were then contacted by the Social Security Administration to ascertain whether any subsequent valid divorce had been obtained. All replies were in the negative (Exhibits AC-5 through AC-10). In addition, relatives who might have had knowledge of a subsequent divorce were contacted for any information they might have, but they too indicated lack of knowledge or any subsequent divorce (Exhibits AC-2 and AC-3).

The record contains convincing evidence that the marriage between Max and Celia Rosenberg was not dissolved prior to his death. Celia has testified that she did not divorce him and did not remarry. In addition, the Social Security Administration made an exhaustive search of the records in places where the wage earner was known to have lived with negative results.

The evidence shows that Celia Rosenberg entered into a ceremonial marriage with Max Rosenberg in 1920 and the marriage continued until his death. An exhaustive search made to determine whether a valid divorce had been obtained disclosed no record of such a divorce. Hence, Celia's burden of establishing the continuance of her marriage has been discharged. Under these circumstances, her marriage was still in effect at the time of Max Rosenberg's marriage to Frieda Rosenberg in 1935. Since he was not free to marry as New York law requires, his purported marriage to Frieda Rosenberg was invalid.

With respect to the status of Frieda Rosenberg, the evidence of record shows that the wage earner alleged a valid divorce in 1933 and that Frieda Rosenberg did not know that this divorce was in fact invalid. The evidence further showed that Frieda and Max Rosenberg went through a ceremonial marriage and that at the time of his death, they were living in the same household. It was determined that Frieda Rosenberg entered into the ceremonial marriage in good faith and without knowledge of any prior legal impediment.

Her good faith ceremonial marriage and her sharing the same household with the wage earner at the time of his death warranted considering her purported marriage to the wage earner a valid marriage pursuant to section 216(h)(1)(B) of the Act. Thus, Frieda Rosenberg was also the wage earner's widow for purposes of the Social Security Act and entitled to widow's insurance benefits subject to the termination provisions of section 216(h)(1)(B) and the previously cited regulations upon the subsequent entitlement of Celia Rosenberg to widow's insurance benefits under section 216(h)(1)(A) of the Act.

Accordingly, in the absence of any termination of the valid ceremonial marriage between Max and Celia Rosenberg prior to Max Rosenberg's death, the Appeals Council finds that Celia Rosenberg's marriage is valid under New York law, and as Max Rosenberg's legal widow, she is entitled to widow's insurance benefits based on her application. The Council further finds that the purported marriage of Max and Frieda Rosenberg is deemed a valid marriage under section 216(h)(1)(B) of the Act for purposes of entitlement under section 202(e) to wife's benefits and widow's benefits, and Frieda Rosenberg is entitled to these benefits through the month of November 1971, the month before the month in which certification of benefits to Celia Rosenberg was made.

The recommended decision of the administrative law judge, as herein supplemented, is adopted by the Appeals Council.

APPEALS COUNCIL

1 9 SEP 1974

DATE

John T. Allen, Member

Robert F. Thomas, Acting Member



# DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION P.O. BOX 2518, WASHINGTON, D.C. 20013

089-01-9395

BUREAU OF HEARINGS AND APPEALS

1 0 JUN 1974

Mr. Morris Aarons Attorney at Law 101 Park Avenue New York, New York 10017

Dear Mr. Aszens:

Re: Mrs. Frieda Rosenbarg, 65-91 162nd Street Flushing, New York 11365

This is in further reference to our letter of October 23, 1973, advising you that additional development was being undertaken portaining to the persible divorce between Max and Celia Rosenberg.

Due to the sultiplicity of sources that must be checked, the development is taking langer than anticipated. The delay is regretted and you are assured that as soon as it is completed, the Appeals Communication with you.

Simposuly yours,

Ecoman Blegant Simber, Appeals Council Proida Mosember claimant

Social Security Acet. Humber

Man Rosenbert Wage Larner

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124

Frieda Rosenberg

(Claimant)

089-01-9395

(Social Security Number)

Max Hosenberg

(Wage Earner) (Leave blank if same as above)

#### EXHIBITS

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Frieda Rosenberg (Claimant)

(Social Security Number)

Max Rosenberg
(Wage Earner) (Leave blank if same as above)

Celia	Rosenberg
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#### DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SOCIAL SECURITY ADMINISTRATION P.O. BOX 2518, WASHINGTON, D.G. 20013

126

REFER TO:

xttxx IH ~511 089-01-9395

Mr. Morris Aarens Attorney at Law 101 Park Avenue New York, East Mork 1 9 SEP 1974 HEARINGS AND APPEALS

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Ros Mrs. Frieda Rosenbarg, 65-91 - 162nd Street Plushing, New York 11265

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Sincerely yours,

Chairman, Appeals Council

Enclosure

cc:Mr. Prioda Rosenberg



#### DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SOCIAL SECURITY ADMINISTRATION P.O. BOX 2518, WASHINGTON, D.G. 20013

R基礎から11 089-01-9395 1 9 SEP 1974 HEARINGS AND APPEALS

Mrs. Gail Fishman 1114 New York Avenue Brooklyn, New York 11203

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H. Dale Cook Chairman, Appeals Council

Enclosure:

co: Nrs. Calia Rosenberg

#### DEPARTMENT OF

#### HEALTH, EDUCATION, AND WELFARE

SOCIAL SECURITY ADMINISTRATION BUREAU OF HEARINGS AND APPEALS

128

#### DECISION OF APPEALS COUNCIL

In the case of	Claim for
Frieda Rosenberg	Widow's Insurance Benefits Wife's Insurance Benefits
Max Rosenberg (Wage Earner) (Leave blank if same as above)	089-01-9395

### Celia Rosenberg (party)

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The evidence shows that Celia Rosenberg entered into a ceremonial marriage with Max Rosenberg in 1920 and the marriage continued until his death. An exhaustive search made to determine whether a valid divorce had been obtained disclosed no record of such a divorce. Hence, Celia's burden of establishing the continuance of her marriage has been discharged. Under these circumstances, her marriage was still in effect at the time of Max Rosenberg's marriage to Frieda Rosenberg in 1935. Since he was not free to marry as New York law requires, his purported marriage to Frieda Rosenberg was invalid.

With respect to the status of Frieda Rosenberg, the evidence of record shows that the wage earner alleged a valid divorce in 1933 and that Frieda Rosenberg did not know that this divorce was in fact invalid. The evidence further showed that Frieda and Max Rosenberg went through a ceremonial marriage and that at the time of his death, they were living in the same household. It was determined that Frieda Rosenberg entered into the ceremonial marriage in good faith and without knowledge of any prior legal impediment.

Her good faith ceremonial marriage and her sharing the same household with the wage earner at the time of his death warranted considering her purported marriage to the wage earner a valid marriage pursuant to section 216(h)(1)(B) of the Act. Thus, Frieda Rosenberg was also the wage earner's widow for purposes of the Social Security Act and entitled to widow's insurance benefits subject to the termination provisions of section 216(h)(1)(B) and the previously cited regulations upon the subsequent entitlement of Celia Rosenberg to widow's insurance benefits under section 216(h)(1)(A) of the Act.

Accordingly, in the absence of any termination of the valid ceremonial marriage between Max and Celia Rosenberg prior to Max Rosenberg's death, the Appeals Council finds that Celia Rosenberg's marriage is valid under New York law, and as Max Rosenberg's legal widow, she is entitled to widow's insurance benefits based on her application. The Council further finds that the purported marriage of Max and Frieda Rosenberg is deemed a valid marriage under section 216(h)(1)(B) of the Act for purposes of entitlement under section 202(e) to wife's benefits and widow's benefits, and Frieda Rosenberg is entitled to these benefits through the month of November 1971, the month before the month in which certification of benefits to Celia Rosenberg was made.

The recommended decision of the administrative law judge, as herein supplemented, is adopted by the Appeals Council.

APPEALS COUNCIL

1 9 SEP 1974

DATE

John T. Allen, Member

Robert F. Thomas, Acting Member



### DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION

P.O. BOX 2518, WASHINGTON, D.C. 20013

089-01-9395

1 0 JUN 1974

BUREAU OF HEARINGS AND APPEALS

Mr. Morris Aarons Attorney at Law 101 Park Avenue New York, New York 10017

Dear Mr. Aarcns:

Re: Mrs. Prieda Rosenbarg, 65-91 162nd Street Plushing, New York 11365

This is in further reference to our letter of October 23, 1973, advising you that additional development was being undertaken portaining to the possible divorce between Max and Celia Rosenberg.

Due to the multiplicity of sources that must be checked, the development is taking larger than anticipated. The delay is regretted and you are assured that as soon as it is completed, the Appeals Communication with yea.

Ginestely yours.

Ecoman Blegant Ecober, Appeals Council

BUREAU OF HEARINGS AND APPEALS

089-01-9395

· Mr. Morris Anrons Attorney at Law 101 Park Avenue New York, New York 100 OCT 23 1973

Dogr Mr. Assons:

He: Mrs. Priode Resemberry, 65-94 162nd Street Flushing, New York 11355

The Appeals Council has received and neviewed the recommended doctains issued in this case on Equicalers 20, 1973 and concludes that additional development is measured before final assist on be taken. In order to complete the administration record of this case it is necessary to variety that the ways carner did not colorin a valid divorce from his filest taken subsequent to his statement of March 27, 1969 (appearing as pages 70 and 71 of the case transmiss).

We have accordingly requested the Social Scountry Office in Firebing.

New York to compact your client for the Locations at which the wage comes woulded between Narch 27. 1969 and his death and to secret the divisor messels of these justicisticals. In addition it will request the rames and adjustment of any follows as saletimes of the two examples who might know of a subsequent filters. Then this development is completed, we will communicate with you forther.

Rinespoly yours,

Erman Elegant Masker, Appeals Commil

60: Mrs. Pricis Rosenberg

## MORRIS /ARONS

101 PARK AVENUE, NEW YORK, N. Y. 10017

SANFORD BLACK

October 1, 1973

(212) MU 3-1700

Appeals Council Bureau of Hearings and Appeals Social Security Administration P. O. Box 2518 Washington, D. C. 20013

> RE: Frieda Rosenberg, Claimant Wife's Insurance Benefits in re Nax Rosenberg, Deceased Soc. Sec. No. 089-01-9395

#### Gentlemen:

This letter comes as our statement of exceptions and comments, on behalf of our client, Frieda Rosenberg, Claimant herein, in connection with the Notice of Recommended Decision of Administrative Law Judge, S. Theodore Shapiro, issued on September 20, 1973. We ask that the matter be reviewed in the light of the exceptions contained herein.

Frieda Rosenberg excepts to any finding that she is not entitled to receive Social Security benefits after November, 1971. This finding appears to have been based on the contention that only one claim can be recognized. Since Celia Rosenberg is recognized as the former wife who had not been legally divorced, even though, for all intents and purposes and by practical standards, she had not been the wife of Max Eosenberg for many years and had not been burdened with the travails of a wife, and had been estranged from him for about forty years, the finding of Administrative Law Judge Shapiro appears to be founded on the assumption that one, and only one, claim can be honored with respect to Mr. Rosenberg's Social Security account.

On the other hand, throughout the forty years since Celia Rosenberg and Max Rosenberg were estranged from one another, Frieda Rosenberg, having married Mr. Rosenberg in a legitimate wedding ceremony, in good faith and with honest intentions, had actually been Mr. Rosenberg's wife. She had loved him, made a home for him and has raised two fine children, and now has four grandchildren.

Through a technicality or for economic reasons the Social Security Administration office refy as her payment benefits she has

-Page Tuo-

October 1, 1973

Social Security Administration Appeals Council Eureau of Hearings and Appeals Washington, D. C.

RE: Frie a Rosenberg, Claimant Wife's Benefits Soc. Sec. No. 089-01-9395

earned and contributed through her husband, since money earned by a husband is jointly enjoyed by the wife, also. Any sum used for Social Security contributions, therefore, has been contributed by a wife in an indirect fashion and she is entitled to the benefits to be derived from such sums.

Moreover, we are informed that, for all intents and purposes, Calia Rosenberg is not receiving these benefits - that in truth the only amount she is receiving is an insignificant sum, since she is now receiving her own benefits, which are equal to any benefits she would receive through Max Rosenberg.

If Frieda Rosenberg must give up her benefits as of the time of Max Rosenberg's death because of Celia Rosenberg's claim, we feel that the amount of benefits she is denied should be no more than the amount being paid to Celia Rosenberg from Mr. Rosenberg's account, and that the balance of the amount of Wife's Benefits from him should be paid to Frieda Rosenberg, as "deemed" widow of Max Rosenberg.

Respectfully submitted,

Senford Black

MA:SB:111 cc: Mrs. Frieda Rosenberg DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION BUREAU OF HEARINGS AND APPEALS

# NOTICE OF RECOMMENDED DECISION OF ADMINISTRATIVE LAW JUDGE ON COURT REMAND

PLEASE TAKE NOTICE that, pursuant to the Appeals Council's order of June 22, 1973 remanding this case to the administrative law judge, there is enclosed herewith the findings of fact, conclusions of law, and recommended decision of the administrative law judge.

You are hereby notified of your right to file briefs or other written statements of exceptions and comments as to applicable fact and law. Any such briefs or written statements should be sent to the Appeals Council, Bureau of Hearings and Appeals, SSA, P.O. Box 2518, Washington, D.C. 20013, within ten (10) days from the date shown below. After the 10-day period has expired, the Appeals Council will review the record and issue its decision.

This notice and enclosed copy of the administrative law judge's findings of fact, conclusions of law, and recommended decision, mailed to the claimant and her representative, if any, on September 20, 1973. A copy is also mailed to Celia Rosenberg, joined party.

Morris Aarons, Esq., 101 Park Avenue, New York, New York 10017

#### DEPARTMENT OF

#### HEALTH, EDUCATION, AND WELFARE

SOCIAL SECURITY ADMINISTRATION

BUREAU OF HEARINGS AND APPEALS

RECOMMENDED ADMINISTRATIVE LAW JUDGE'S

HEADING DECISION

in the case of

Claim for

Frieda Rosenberg

Wife's Insurance Benefits

(Claimant)

089-01-9395

Max Rosenberg (deceased)

(Social Security Number)

(Wage Earner)(Leave blank if same as above)

This case is before the Administrative Law Judge pursuant to the Order of the Appeals Council, following remand of Civil Action No. 71-C-482, U.S.D.C. for the Eastern District of New York, Civil Division, for additional testimony. The claimant appeared personally and was represented by Morris Aarons, Esq., 101 Park Avenue, New York, New York, 10017. Celia Rosenberg, having been joined in the hearing as an adverse claimant by Hearing Order, dated July 23, 1973, also was present at the hearing and had a representative, Gail Fishman.

The claimant, Frieda Rosenberg, filed with the Administration an application for wife's insurance benefits on January 8, 1969. The Administration disallowed the application on the ground that the claimant was not the wife of Max Rosenberg, wage earner, recipient of retirement insurance benefits, within the meaning of the Social Security Act. Notice of disallowance was given to the claimant by letter dated June 6, 1969. The claimant requested reconsideration on June 12, 1969. Notice of disallowance after reconsideration was given claimant by letter dated October 14, 1969. The claimant disagreed with the Administration's reconsidered determination and requested a hearing. The action of the Administration was affirmed by decision of an Administrative Law Judge (formerly Hearing Examiner) dated August 24, 1970. Claimant's request for review, dated October 27, 1970, was denied March 5, 1971, by the Appeals Council. The claimant was dissatisfied and instituted a court action. Thereafter, on April 14, 1971, the wage earner died and, on June 11, 1971, Celia Rosenberg, filed an application for widow's insurance benefits, based on the wage record of Max Rosenberg. Frieda Rosenberg also applied for widow's insurance benefits on June 18, 1971.

The general issue to be determined is whether the claimant, Frieda Rosenberg, is entitled to widow's insurance benefits based on the account of the deceased wage-earner, Max Rosenberg.

The specific issue on which findings will be made and conclusions will be reached is whether Frieda Rosenberg or Celia Rosenberg has the status as the legal widow of Max Rosenberg. This depends on whether the Mexican divorce obtained in 1933 is valid under the New York State law.

Section 202(b) of the Social Security Act provides for the payment of monthly benefits to a qualified applicant who is the wife of an insured individual entitled to an old-age insurance benefit.

Section 216(h)(1) of the Act sets forth as follows:

"An applicant is the widow . . . of a fully or currently insured individual for purposes of this title if . . . the courts of the State' in which he was domiciled at the time of death . . . would find that such applicant and such insured individual were validly married . . . at the time he died. If such courts would not find that such applicant and such insured individual were validly married in such time, such applicant shall nevertheless be deemed to be the . . widow, . . . of such insured individual if such application would, under the laws applied by such courts in determining the devolution of intestate personal property, have the same status with respect to the taking of such property as a . . . widow . . . of such insured individual,"

The pertinent evidence can be summarized as follows:

In his application for old-age insurance benefits and in Husband's Certification, dated October 2, 1963 and January 8, 1969, respectively, the wage earner, Max Rosenberg, stated that his marriage to Celia Rosenberg, performed by a clergyman in 1919 ended by divorce in 1933, and he thereafter married Frieda Silverstein Rosenberg. In statement dated March 27, 1969, Max Rosenberg stated that he divorced "Celia in Mexico in 1933. I was the plaintiff. \* \* \* The divorce was mail order, neither of us actually resided in Mexico at the time the divorce was issued. Celia was served with notice of the divorce proceedings.

I don't know if it was in person or by mail. I don't believe she ever filed an answer or appeared in court. \* \* \* I no longer have a copy of the divorce." In another statement, September 9, 1969, Max Rosenberg indicated that he continued to pay his wife's (Frieda) rent, her health insurance, etc. and "We always considered ourselves man and wife even to the present. \* \* \* It was a simple case of not being able to adjust to torced retirement. \* \* \* After my second coronary the doctor told me to go away to relax. There is no serious marital problem; just a case of being better off with my sister." (Exhibits 2, 5, 8, 18)

Upon filing for wife's insurance benefits on January 8, 1969, Frieda Rosenberg indicated that she and Max Rosenberg were married in Greenwich, Connecticut, October 26, 1935 and that she wanted: "separate checks for me and my husband because my husband is ill and gets his checks in the country" (Exhibit 1). Certification of marriage record shows Max Rosenberg and Fritzie Outville were wed in Greenwich, Connecticut, October 26, 1935. A statement by Frieda Rosenberg explained that she used the name of Fritzie Outville as it was the name of her first husband and that a fire destroyed the divorce papers of that marriage. She a so stated that Max Rosenberg had been "married previously and obtained a Mexican divorce. The papers have been destroyed and no copy can be obtained. I have always felt the divorce was valid. If an impediment does exist to our marriage we are not aware of it and married in good faith." And on the same date, June 12, 1969: "The only reason we are apart at certain times is because of his health. I am nearer my children and grandchildren (Exhibits 16, 15, 6). In her application for Widow's Insurance Benefits, filed June 18, 1971, Frieda Rosenberg, indicated that the wage earner, Max Rosenberg, died April 14, 1971, in Coney Island Hospital, was last home in 1967 and the "Separation was due to illness" (Exhibit 35).

In her application for Retirement Insurance Benefits, filed September 15, 1967, wage earner's first wife, Celia Rosenberg, stated: "I am not filing as widow as my own benefits will be higher." Thereafter, in filing for Widow's Insurance Benefits, on May 25, 1971, Celia Rosenberg stated she married Max Rosenberg June 19, 1920 in New York City and noted under remarks: "Deceased allegedly married Frieda Rosenberg after having allegedly obtained a 'Mexican Divorce'. Applicant did not appear nor consent to such divorce" (Exhibit 28).

The claimant, Frieda Rosenberg, who was born April 7, 1907 filed for benefits in January 1969 as the legal wife of the

wage-earner (Exhibit 1). On his certification, the wage-earner, Max Rosenberg, showed a prior marriage to one Celia Rosenberg, with a divorce secured in 1933 in Mexico (Exhibit 5). Further development showed that this was a "mail order" divorce, that neither the wage-earner nor Celia were demiciliaries of Mexico at the time and Celia did not appear or consent to the divorce (Exhibit 8).

The major issue in this case is whether or not the divorce obtained by wage earner, Max Rosenberg, from Celia Rosenberg in Mexico is valid. The rule of Rosentiel v. Rosentiel, 262 NYS 2d CC (Ct app 1965) wherein the New York Court of Appeals accorded recognition to a bilateral Mexican divorce terminating the marriage of individuals not domiciled in Mexico, is not applicable in cases involving a determination as to recognition or non-recognition of exemparte divorce decree. In Rosentiel v. Rosentiel (supra) the New York Court of Appeals ruled that the public policy of New York was not offended by a Mexican divorce decree, terminating the marriage of individuals not domiciled in Mexico, as long as:

- (A) Mexican law did not require domicile as a basis of jurisdiction.
- (B) Both parties have been represented in the proceeding.
- (C) Requirements of the Mexican law for invoking the jurisdiction of the Court had been complied with.

The Rosentiel case also decided whether or not New York will recognize the Mexican divorce is solely a question of comity. The New York Court of Appeals in Rosenbaum v. Rosenbaum (309 NY 371) held under comity, as contrasted with full faith and credit, there is no presumptive legality or validity rendered to a judgment of a foreign nation and the Courts of this State have the power to deny validity to such a judgment on public reasons alone. In the instant case the wage-earner, Max Rosenberg, obtained an ex-parte Mexican divorce decree without service of process upon his wife, Celia Rosenberg, and without her appearance in the proceedings. Subsequently on April 26, 1935 he married the claimant, Frieda Rosenberg, in Greenwich, Connecticut. Inasmuch as the wage-earner, Max Rosenberg, was domiciled in New York at the time of his death, the status of the claimant, Frieda Rosenberg, as the widow of the wage-carner is determinable under New York law. Under New York law the

Mexican divorce decree did not have the effect of terminating the marriage of the wage-earner to Celia. New York recognizes a foreign decree only where the parties have taken the marital res out for the purpose of invoking a divorcing jurisdiction by the actual appearance of one of the parties coupled with a voluntary appearance of the other through authorized counsel (see <u>Drew v. Hobby</u>, Secretary etc., CCH 9556 S.D.N.Y. 1954). The fact that the claimant, Frieda Rosenberg, and the wage-earner entered into a marriage in Connecticut would not create any marital rights upon the parties, as the wage-earner was bound by an existing marriage, namely his marriage to Celia Rosenberg (Wagner v. Hobby, 215 F 2d 190).

Since the evidence clearly reveals that claimant, Frieda Rosenberg, in good faith entered into the marriage with wageearner, Max Rosenberg, without knowledge of any legal impediment, the issue arises whether benefits might therefore be paid to the claimant as a deemed wife, even if she and the wage-earner were not legally married. A Hearing Examiner found that Frieda Rosenberg's claim was barred by Section 216(h)(i)(B) of the Social Security Act because wage-earner's absence from their household was not due to confinement in a curative institution and hence claimant and wage-earner were not "living in the same household" at the time of her application. This finding is not substantiated by the facts. The evidence reveals that the wage-earner suffered several heart attacks and, apparently on the advice of his physician, began living with his sister in 1966 since he felt that his wife's "pestering" might aggravate his condition. He continued to maintain her in their family home, visited her monthly and spent Summers with her until their home burned down in October 1968. He continued to maintain her in an apartment thereafter, which is his legal address for voting purposes, automobile registration, etc. In addition to the wage-earner continuing to assume all financial obligations of the claimant and maintaining their joint legal residence, the claimant and wage-earner continued to maintain their marital relationship. There was no estrangement. Wage-earner stressed the fact that he did not live with her continually due to his heart ailment rather than due to any marital difficulties. They visited their children together and attended family functions together. The wage-earner comes to their abode periodically to visit the claimant and does so whenever he pleases, and the claimant, when able, would join the wage-earner at his sister's house. After the wage-earner suffered a coronary in 1966 he would spend long period of time at his sister's house in order to be in a restful environment and was at his sister's house when the claimant filed her

application for wife's benefits on January 8, 1969. At most, it appears that wage-earner's visitation at his sister's home was tantamount to his being in a rest home for an indefinite stay. This Administrative Law Judge believes this would not be considered by the Court as more than a temporary absence from his home with the claimant.

Therefore, the Administrative Law Judge, upon considering the entire evidence of record and all of the foregoing, finds:

- A valid marital relationship did not exist between the wage-earner, Max Rosenberg, and the claimant, Frieda Rosenberg, under the laws of New York.
- 2. A "deemed" valid marriage existed between the claimant, Frieda Rosenberg, and wageearner, Max Rosenberg, since they were living in the same household at the time of his death.
- 3. Frieda Rosenberg's entitlement as the "deemed" widow ended with November 1971, the month before Celia Rosenberg was certified as entitled to benefits on the wage-earner's record as his widow under the laws of the State of New York.

It is the decision of the Administrative Law Judge that the claimant, Frieda Rosenberg, is not entitled to monthly insurance benefits as the widow of Max Rosenberg, the deceased wage-earner.

Date: September 20, 1973

S. Theodore Shapiro

Administrative Law Judge



# DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION

#### APPOINTMENT OF REPRESENTATIVE

	the social security rec	ord of
NAME		SOCIAL SECURITY NUMBER
Max Rosenberg		<b>089-</b> 01-9395
I authorize him to make or ginformation; and receive an	ive any request or notice notice in connection wi	e; present or elicit evidence; of th my claim wholly in my stead
Date August 24, 1973	Signature	alia Rosenberg
		1114 New York Avenue Brooklyn, New York 1120
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An attorney, or other representative, who wishes to charge a fee for services rendered in connection with a claim before the Social Security Administration is required by law to obtain approval of the fee from the Social Security Administration (section 206(a) of the Social Security Act; Social Security Administration Regulations No. 404.975).

Form SSA-1560, "Petition to Obtain Approval of a Fee For Representing a Social Security Claimant," which elicits the information required to be submitted in support of fee petitions, should be completed by the representative after his services are completed and the original and third carbon copy of the SSA-1560 filed with the office of the Social Security Administration which took the latest action on the claim. The representative is required to furnish a copy (first carbon) of the SSA-1560 petition to the claimant for whom the services were rendered.

Social Security Administration approval of a fee is not required where the fee is for services (1) rendered in an official capacity such as that of legal guardian, committee, or similar court-appointed office and the court has approved the fee in question, (2) in representing the claimant before a court of law, or (3) in representing the claimant in a claim for reimbursement of medical expenses exclusively handled by a private intermediary.

Where a representative has rendered services in a claim before the Social Security Administration and a court of law, the regulations require that he specify what, if any, amount of the fee he desires to charge is for services performed before the Administration. If he charges any fee for such services, he must petition for approval of that amount. In this connection a claim which has been remanded by a court to the Administration for further administrative proceedings is considered to be before the Administration after the remand by the court.

## AUTHORIZATION OF FEE

The social security regulations contemplate that a representative will receive fair value for his services consistent with the purposes of the social security program, one of which is to give a measure of security to retired people, the disabled, and widows and children. In approving a requested fee, the Administration considers the nature and type of services performed, the complexity of the case, the level of skill and competence required in rendition of the services, the

amount of time spent on the case, the results achieved, the level of administrative review to which the representative carried the claim and the amount of the fee requested by the representative. When a fee is authorized, both the representative and the claimant are notified and allowed 30 days in which to request an administrative review in case of disagreement.

## PAYMENT OF FEES

Basic liability for payment of a representative's fee rests with the claimant. However, if the representative is an attorney at law and there are past-due benefits awarded to the claimant under title II of the Social Security Act, a portion of the past-due benefits will be paid to the attorney toward payment of the fee. Such payment will be in an amount equal to whichever is the smaller: (1) the amount of the authorized fee; (2) 25 percent of the past-due benefits for months prior to the month in which the favorable determination was made on the claim, or (3) in cases decided below the court level, any amount that may have been agreed upon by the attorney and claimant as the fee for the attorney's services. The law does not permit direct payment to representatives except as indicated above; thus, if the representative is not an attorney at law (or there is an insufficient amount of accrued benefits to cover payment of an attorney's fee) the representative must look to the claimant for payment after his fee has been authorized by the Administration.

## PENALTY FOR CHARGING UNAUTHORIZED FEE

Any representative who charges or collects an unauthorized fee for services performed in connection with a social security claim, including services before a court which has rendered a favorable determination, may be subject to prosecution under section 206 of the Social Security Act which provides that such individual, upon conviction thereof, shall for each offense be punished by a fine not exceeding \$500 or by imprisonment not exceeding 1 year, or both.

## CONFLICT OF INTEREST

Sections 203, 205 and 207 of Title XVIII of the United States Code make it a criminal offense for certain officers, employees and former officers and employees of the United States to render certain services in matters affecting the Government or to aid or assist in the prosecution of claims against the United States.

## NOTICE OF HEARING

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## Appearance of Faoring

The date and time of this hearing have been set aside especially for you. Your failure to appear without good reason may cause dismissal of your Request for Hearing. Even though there is good reason, any postponement will delay disposition of your case. If an emergency arises preventing your appearance after you mail the postal card stating that you will be present, notify the Hearing Examiner promptly and give your reasons. Also, advise the Hearing Examiner of the earliest date after which he can reschedule your case for hearing.

## Conduct of Hearing

instite in of all ab-in The law places on you the burden of submitting evidence to support your claim. Bring to the hearing all evidence not already presented in your case.

to let thrown oft (1) You will have an opportunity to examine the documentary evidence on the day of the hearing. If you wish to examine lour sit before the day of the hearing you may do so at the Hearing Exeminer's office.

" 181 to - 1995 19 10 11 At the hearing the Hearing Examiner will inquire fully into the matters at issue. You may present evidence oithe the form of written documents or the festimony of witnesses, or both. Your testimony and that of any witnesses we be under oath or affirmation, and a verbatim record of the proceedings will be made. You may suggest findings of fact or conclusions of law and present arguments orally or in willing.

determinant of older de holdeldem at Thereand The John win in morehand or course ! While it is not required, you may be represented at the hearing by an attorney or other qualified person of your choice. A you desire assistance in presenting your case. Any fee which your representative wishes to charge for his serve ices in your case must be approved by the Bureau of Hearings and Appeals. Your representative must petition for fee approval at the conclusion of his services, and furnish you with a copy of his petition.

If you are found entitled to benefits and your representative is an attorney, 25 percent of your back benefits will normally be withheld for payment to your atterney upon approval of his fee, If the approved se is less than the 25 percent we withheld, we will pay the difference directly to you. If the approved tee is more than 25 percent, payment of the difference is a matter to be settled between you and your attorney. no place Die 105 in 13

If your representative is not an attorney, none of your benefits will be withheld; and payment of the fee which is approved is a matter to be settled between was and and and the settled between was and and the settled between was and the settled between was

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# DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SOCIAL SECURITY ADMINISTRATION P.O. BOX 2518, WASHINGTON, D.C. 20013

147

BUREAU OF HEARINGS AND APPEALS

REFER TO:

HA, P 089-01-9305

JUN 22 1973

Mr. Morris Aarons Attorney at Law 101 Park Avenue New York, New York 10017

Dear Mr. Asrons:

Re: Mrs. Frieda Rosenberg, 65-91 162nd Street Flitching, New York 11265

This office is in receipt of the order of remand, issued by Judge Mishler of the United States District Court for the Eastern District of New York, Essanding this case to the Secretary of Health, Education, and Welfare for further administrative action.

Enclosed is a copy of an order of the Appeals Council remanding the case to S. Electors Shapiro, an administrative law judge, formerly "hearing examiner," for further proceedings. He will be in further communication with you.

Sincerely yours.

R. Daie Cook Chairman, Appeals Council

Englosure

cc: Mrs. Frieda Rosenberg

# DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION BUREAU OF HEARINGS AND APPEALS

148

# ORDER OF APPEALS COUNCIL REMANDING COURT CASE TO ADMINISTRATIVE LAW JUDGE

In case of	Claim for
Frieda Rosenberg	Wife's Benefits
(Cleiment)	
/ / / / / / / / / / / / / / / / / / /	089-01-9395
(Wage Earner) (Leave blank if same as above)	(Social Security Number)

The United States District Court has remanded this case to the Secretary of Health, Education, and Welfare for further administrative action. The Appeals Council hereby vacates its denial of the claimant's request for review and remands this case to an administrative law judge of the Bureau of Hearings and Appeals for further proceedings.

On remand, the claimant shall be provided adequate opportunity to comment on any additional evidence, to submit material evidence, to raise pertinent objections, to examine and cross-examine witnesses, and to propose findings of fact and conclusions of law. Upon completion thereof, the case shall be returned with a recommended decision to the Appeals Council for its decision. A copy of the recommended decision shall be sent to the claimant.

The claimant will be given the opportunity to file with the Appeals Council, within 10 days from the date of the recommended decision, briefs or other written statements of exceptions and comments as to applicable facts and law. After the 10-day period has expired, the Appeals Council will review the record and issue its decision.

APPEALS COUNCIL

Herman Elegant

, Member

JUN 22 1973

Date:

FORM HA-517.1 (9-72)

DEPARTMENT OF HEALTH, BOUCATION, AND WELFARE Social Security Administration Bureau of Hearings and Appeals

## TRANSCRIPT

In the case of

Claim for:

Frieda Rosenberg

Wife's Insurance Benefits

Claimant

Max Rosenberg, deceased

089-01-9395

Wage Earner

Social Security Account No.

REMAND OF CIVIL ACTION NO. 71-C-482 FILED IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF NEW YORK

HBARING HELD IN

JAMAICA, NEW YORK

90-04 161st Street, Room 704

ON

August 24, 1973

APPBARANCES: Frieda Rosenberg, Claimant

Celia Rosenberg, joined interest party Morris Aarons, Esq., Attorney for claimant Gail Fishman, Representative of Celia Rosenberg

S. Theodore Shapiro Administrative Law Judge

K. Reardon Hearing Assistant

## INDEX OF TRANSCRIPT

In the case of Account Number
Frieda Rosenberg, claimant
Max Rosenberg, deceased wage earner 089-01-9395

(The following is a transcript of a supplemental hearing before S. Theodore Shapiro, an Administrative Law Judge of the Bureau of Hearings and Appeals, Social Security Administration, Department of Health, Education, and Welfare, on August 24, 1973, at Jamaica, New York, in the case of Frieda Rosenberg, Claimant, based on the earnings record of Max Rosenberg, deceased wage earner, social security account number 089-01-9395. The claimant, Frieda Rosenberg, appeared in person and was represented by Morris Aarons, Esq. Celia Rosenberg, having been joined to the hearing as an adverse claimant, also appeared and testified, and was represented by her granddaughter, Mrs. Gail Fishman.)

(The hearing commenced at 10:00 a.m., August 24, 1973.)

OPENING STATEMENT BY ADMINISTRATIVE LAW JUDGE:

This case is before the Administrative Law Judge pursuant to the Order of the Appeals Council following remand of Civil Action No ber 71-C-482 U.S.D.C. for the Eastern District of New York, Civil Division, for additional testimony. Claimant appeared personally and was represented by Morris Aarons, Esq., of 101 Park Avenue, New York. Celia Rosenberg has been joined in the hearing as an adverse party by a Hearing Order dated July 23, 1973 and was also present at the hearing. Celia Rosenberg had as her representative Gail Fishman. The claimant, Frieda Rosenberg, filed with the Administration an application for wife's insurance benefits on January 8, 1969. The Administration disallowed the application on the ground that the claimant was not the wife of Max Rosenberg, wage earner, recipient of retirement insurance benefits, within the meaning of the Social Security Act. Notice of disallowance was given to the claimant by letter dated June 6, 1969. The claimant requested

reconsideration on June 12, 1969. Notice of disallowance after reconsideration was given claimant by letter dated October 14, 1969. The claimant disagreed with the Administration's reconsidered determination and requested a hearing. The action of the Administration was affirmed by decision of an Administrative Law Judge, formerly Hearing Examiner, dated August 24, 1970. Claimant's request for review dated October 27, 1970 was denied March 5, 1971 by the Appeals Council. The claimant was dissatisfied and instituted a court action. Thereafter, on April 14, 1971, the wage ear ner died, and on June 11, 1971, Celia Rosenberg filed an application for widow's insurance benefits based on the wage record of Max Rosenberg. Frieda Rosenberg also applied for wadow's insurance benefits on June 18, 1971. Counsel, if you have no objection, we'll take the testimony of Celia first and if you still don't object I'll question her first and you'll fill in what I leave out.

COUNSEL: No, I have no objection.

ADMINISTRATIVE LAW JUDGE: You have no objection?
COUNSEL: Not at all.

The adverse claimant, CELIA ROSENBERG, h. been first duly sworn, testified as follows:

EXAMINATION BY ADMINISTRATIVE LAW JUDGE:

- Q Mrs. Rosenberg, what is your full name?
- A Celia Beck Rosenberg.
- Q And did you marry the wage earner, Max Rosenberg?
- A Yes.

- Q When did you marry him?
- A June 19th.
- Q What year? 1920?
- A No, I think it was -- I think you're gonna get me on that. I think it was 1919 I'm not sure. It's in the record.
- Q You married him in 1920. How long did you live with him after you married him?

A My oldest son was born the following year and we had three children after that.

- Q After 1920, how long did you live with Max?
- A It was off and on.
- Q Off and on, until what year?
- A Well the children naturally grew. We had the three boys. Louis is the oldest, Jerry's next, and Arthur, and he was sending money either he would come and give it to me or he would send it to me, through the mail.
  - Q When did he leave your house to live elsewhere?
- A When did he leave my house? I don't know when he left because he had a key to come in when he wanted to.
  - Q Where did he live? Do you know?
  - A I haven't the faintest idea where he was living.
- Q When did this new arrangement occur where he left the house and came whenever he pleased? Do you remember the year?

- A I can't remember. I'm sorry.
- Q You can't remember the year.

A No. I can't remember the year after all it's been going on for quite a while and--

- Ω Did you obtain a divorce?
- A Oh no. Definitely not.
- O Did he obtain a divorce from you?
- A Not that I know of. I never signed any papers.
- Q Do you have any knowledge of whether Max married again?
  - A I have not. He wouldn't tell me that.
- Q Now what contributions did Max make to you after he left you?

A Well while the children were young he, as I said, he either brought the money or he sent it through the mail.

Q How much did he contribute to you?

A Well, it started with \$35 a week. Naturally as the children grew, the boys went into the Service, they got older and they went in Service and they came out of the Army, he saw to it that they got the jobs and once they got their jobs he stopped, sending just enough for the youngest one.

- Q You say he visited the house periodically?
- A Yes.
- Q When was the last time you saw him?

A The last time I saw him was either 1951 or '52, between then, that's the last time I ever saw him.

Q And did he contribute any money to you after '51 or '52?

A No. Because the youngest boy, he had taken the youngest boy and got him into the Union, got him a job, and that's when the money stopped completely.

Q Did you know where he was after '51 or '52?

A No, no.

Q You didn't know whether he lived in a different state?

A I didn't know anything about him. He came, he came and he was interested in the boys when they were in the Service, he came to find out how everything is, when they came out he saw to it that they got jobs and then it was just the young fellow that was there, so when the young boy became of age he was able to take him into the Union, he took him into the Union and that's when the money stopped completely.

Q Did you ever obtain a court order to compel him to contribute to your support?

A No.

Q May I have the exhibit file. In your application for widow's insurance benefits, exhibit 28, you stated in item 15 "Was the deceased under a court order to contribute to your

support?" and you answered, yes. What court order were you referring to?

- A I answered, yes?
- Q Is this your signature?
- A Yes. That's my signature.
- Q Was the deceased under a court order to contribute to your support? You said, yes.

A Not for my support, he never gave anything for me. That was for the boys, not for me. I couldn't very well say that he wasn't giving any support. He was giving support for the boys.

() Then the last time you received any support from him was in 1951, is that correct?

A Yes. Either '51 or '52.

Q In your application for retirement insurance benefits on your own account, on September 15, 1967 which is exhibit 29, you entered your husband as Louis Rosenberg. Will you explain why?

A I entered my husband as Louis? I don't know where you're getting these questions from. I'm sorry.

Q Is this your signature? What is this? Is that an error?

A That's an error.

Ω All right, wait a minute, wait a minute, I'm not through yet. And you listed your husband as having died, May 8, 1954, is that an error too?

A How could I list him as being dead when he died in April?

Q Well that's what the application states. The application for retirement insurance benefits on your own account. All right. Will you tell me this?

A Yes.

Q Why have you never filed for wife's insurance benefits on Max's record? Max has been a beneficiary of retirement since 1953 although he did not receive benefits until 1955. Why have you never filed for wife's benefits?

A I didn't know that he was retired? How could I know these things? If I hadn't seen him since '51 or '52 so how can I know whether he was retired?

- Q You didn't know his whereabouts or where he was?
- A No, no.
- Q Since '51 you had no knowledge of his whereabouts?
- A No.
- Q Do you know where he lived up to 1951, what States he lived in? You don't know.

A No.

Q As far as you know, the only state he lived in was New York.

A That's right.

Q All right. I have no further questions. Anything, counsellor?

ATTORNEY: Yes.

EXAMINATION BY ATTORNEY:

Q You said at the beginning that he used to come and go, from what time on did he come and go, from your house? When was that? Have you any idea of the date?

A What do you mean, what time?

Q Well, you said that your husband, that Max came and go, he'd bring in checks, sometimes he'd mail the checks. He wasn't living with you actually at that time, whenever it was.

A He was living with me. He had a key to my home then he was living with me. And that was the type of a person he was. He came and he went.

Q He came and he went. When did that start, when he'd come and go like that, after you were married? Was it soon after, was it a few years after?

A I haven't the faintest idea. I don't keep a diary of my life.

- Q No, no, I'm not asking that, but you should know when he came and went.
  - A I can't. It's too far back. Too many years back.
- Q Well would you say within 10 years after you were married he was doing that, that was his habit, coming and going? In other words, you got married in 1920 and it was within 10 years after that he start coming and going at that time, or did he always do it?
  - A He always did it. He always did it.
  - Q What check would he send you?
  - A It was a money order.
  - And what was it for?
  - A It was for the children.
  - Q Did you work after you were married?
  - A No, no, I worked later on.
  - Q About when did you start to work?
- A I started to work in 1955, I think. I worked for General Fulfilment.
  - Q And now- how old is your youngest son?
  - A My youngest son?
  - Q Yes.
  - A Was 38 years old.
  - Q Do you have 4 sons?
  - A Yes.

- Q 38. He was born in-
- A '33.
- Q '33. Now, is it true that your husband got a divorce in Mexico, Max I'm talking about, in 1933?
  - A Not that I know of.
  - Q You never heard about it?
- A I never heard of it and I never signed any papers, whatsoever.
  - Q You sure you didn't go:to a lawyer at that time?--
  - A Oh no.
  - Q --in 1933?
  - A Oh no.
  - Q You were never served with any papers--
  - A No.
  - Ω -- for a divorce?
  - A No, what do I have to go to a lawyer for?
  - Q The question of support. The question of divorce.
- A He was sending me the money. He was sending me money for the children even though he wasn't there. He was still sending money for the children.
- Q Did you work at that time at all, in 1933, '34 when he was sending money for the children?
  - A No.
  - Q Where did you get money to live on?

A What do you mean where did I get money to live on? Mc was sending the money.

Q Then you were using that money that he sent for the children to support the family.

A Naturally, naturally.

 $\Omega$  And did you find out at some time after 1933 that he married some other woman, Frieda, who is sitting right here on my left?

A No.

Q You knew of Frieda though?

A No. How do I know Frieda, how do I come to know about her?

Q Well, I don't know, through somebody telling you?

A Nobody told me anything.

Q You never knew that he--

A No --

Q He married?

A Everything was hush-hush.

Q You never knew that he married somebody else?

A No.

Q When did you first find out about it?

A When he passed away and I was notified that he died.

Q You didn't know that he was married to Frieda, that he had children with Frieda, two children?

A No. That was no concern of mine. I was only concerned with my children.

Q I'm not arguing the point about concern, I'm asking you, did you know that he was married to Frieda and he had two children--

- A No.
- Q --or to another woman and he had two children?
- A I didn't know any hing. He never told me anything.
- Q Did your children tell you about it?
- A My children?
- Q Yes.
- A How would my children know?
- Q They didn't know that he was married to Frieda?
- A No.
- Q And you never married again, did you?
- A No.

Q You say you weren't served with papers from a Mexican divorce?

A No, I never got any papers and I never signed anything so how could I have gotten papers, wouldn't I have to sign for them?

Q Well after 1933 did your husband, Max, ever come and sleep in your house?

A Yes. Because he came to find out about the boys because after all they wrote to me, not to him. They didn't know where to get him. They wrote to me, every letter that I got. He read the letters.

- Q He came for the purpose of finding out about the boys?
  - A To find out. They were overseas and the boys--
  - Q That was later on, towards 1943, '44, '45, '46--
  - A They went in '42 and they were home in '45.
- Q So that actually he was very seldom at home, during that period of time.
  - A As I told you, there's no lies going on around here.
- O Now let me ask you, between 1942 and 1945, how many times did he come to your house would you say, estimate?
  - A Once or twice a week.
  - Q And would he give you money then?

A No, he didn't give me money then because the boys, the ones that were in the Service, they were taking care of me and as I told you, as he got jobs for the boys--

- Q And did he sleep over, those once or twice a week?
- A Yes.
- Q He slept with you?
- A No.

Q You applied for Social Security on your own behalf, didn't you?

A Yes.

Q When was that, do you know, what year?

ADMINISTRATIVE LAW JUDGE: '67 counsellor.

A Yes.

Q In 1967?

A Yes.

Q And how much were you getting in payments?

A I don't remember, 65 or 70.

Q When did Max die? So what she was receiving when she first applied and what she was receiving when Max died, when Max died how much were you receiving?

A I don't remember cause I was receiving it on my

Q All right, all right, that's what I mean, your own--

A I can't remember exactly what I was getting because-I can't remember.

ADMINISTRATIVE LAW JUDGE: Any further questions counsel?

COUNSEL: All right, I won't ask any further questions.

BY ADMINISTRATIVE LAW JUDGE: Mrs. Rosenberg. You

claim the last time you saw him was in 1951--

- A '51 or '52.
- Q When did you see him, if at all, after 1951?
- A I didn't see him.
- Q You didn't see him.
- A I didn't see him.
- Q You heard that he was dead.

A The boys, my sons went to visit him when he was in the hospital. A sister let me know that their father was in the hospital and they went to visit him. That's how I knew and that's how I found out through my younger son that he had passed away.

- Q Did you make any application to settle his estate?
- A No. I never made an application for his estate.
- Q Did you inherit any part of his estate?
- A Mo. Absolutely not. Nothing.

ADMINISTRATIVE LAW JUDGE: I have no further questions.

BY ATTORNEY: Q I just want to ask this. After you found out about his death from his sister. You say this-

- A No, his sister.
- Q Oh, his sister.

A His sister, not their sister.

ADMINISTRATIVE LAW JUDGE: Anything further counsellor?

ATTORNEY: No. I do want to know what she was
receiving and what the difference is she's getting, that is

Celia Rosenberg, she's getting because of Max's death. I understand the difference is \$1.

ADMINISTRATIVE LAW JUDGE: How does that concern the issue here?

ATTORNEY: Well it may concern the issue from the standpoint that normally the payment to the widow if she weren't receiving anything on her own would be, depends on what would she receive, two-hundred and something dollars or a hundred and something dollars or fifty dollars--

ADMINISTRATIVE LAW JUDGE: That isn't the issue here, what they receive. The issue is who is the wife of Max Rosenberg? When we determine that then we'll consider the payment.

ATTORNEY: Well there's more than that to it, because if he got himself a divorce and he married Frieda and they lived together as husband and wife, had children together, then she would be entitled to--

ADMINISTRATIVE LAW JUDGE: Well if he did get a divorce-ATTORNEY: Even if he could-- no, no, no no. Don't
let me miss this. Maybe I miss the point. Even if he got a
divorce that was an impediment to it, the law as I understand it--

ADMINISTRATIVE LAW JUDGE: She would be the deemed widow. I know that.

ATTORNEY: That's right.

ADMINISTRATIVE LAW JUDGE: I know that. I'm taking that into consideration.

ATTORNEY: That's right. All right. Let's assume for argument's sake that she was receiving nothing because she earned more than he earned and her benefits were greater than she would get by asking for his benefits. If she were receiving no benefits as far as he was concerned. Now if she was receiving no benefits then Frieda would be entitled to the benefits. I think I'm right on that.

ADMINISTRATIVE LAW JUDGE: If Frieda was the wife or the deemed wife-- we're not through with the hearing. Let's get through with the hearing and then we'll listen to arguments.

ATTORNEY: All right. I want to bring out this point because this is important.

ADMINISTRATIVE LAW JUDGE: Is there anything further you want to ask Mrs. Celia Rosenberg?

ATTORNEY: Maybe it's repititious but you say you never went to an attorney about a divorce that your husband.--

CLAIMANT: Never.

ATTORNEY: --got in 1933.

CLAIMANT: Never. Never and I never signed no papers of any kind.

ATTORNEY: And you never married again. And nobody, your husband, you never had another husband who died, in '54?

CLAIMANT: No.

ATTCRNEY: All right. Nothing else.

The claimant, FRIEDA ROSENBERG, having been first duly sworn, testified as follows:

EXAMINATION BY ADMINISTRATIVE 1 AW JUDGE:

ADMINISTRATIVE LAW JUDGE: Counsel, if you have no objection, I'll question Frieda first--

ATTORNEY: I have no objection.

ADMINISTRATIVE LAW JUDGE: --- and you fill in what I leave out.

BY ADMINISTRATIVE LAW JUDGE: Q You were born on April 7, 1907, is that correct, and you filed for benefit January 1969 as the legal wife of the wage earner, Max Rosenberg?

ATTORNEY: Will you mention that year again, Judge, please? What year?

ADMINISTRATIVE LAW JUDGE: April 7. When she was born?

ATTORNEY: No, when she filed her application. You said a date there.

ADMINISTRATIVE LAW JUDGE: January 1969. On Max's certification he showed a prior marriage to Celia with a divorce secured in 1933 from Mexico, do you know anything about that?

A Yes.

 $\Omega$  And development showed that this was a mail order divorce and that neither the wage earner nor Celia were domiciled in Mexico at the time.

ATTORNEY: Well she doesn't know that.

A It wasn't a mail order--

Ω You don't know that. What do you know about a divorce, tell me.

A What do I know about a divorce? My husband said he was going to file a divorce in Mexico, because he had children he didn't want to get it in this State on adultery and he made up with her that he would go up there, she would sign for it, and he would get a Mexican divorce.

Q That's what your husband told you?

A Yes. And the party signed for it and that's how he got his divorce and in fact I said to the lawyer, if I lived next door to her, would he be held for bigamy? He said absolutely not.

ATTORIEY: We have a part of the divorce decree, unfortunately this was given to me by Frieda and she don't know what happened to the first part because when I asked her to look it up she went looking through the papers and we found this part of the divorce decree.

ADMINISTRATIVE LAW JUDGE: Yes. It's in Spanish.
ATTORNEY: Yes.

CLAIMANT: Yes.

ADMINISTRATIVE LAW JUDGE: It won't help me unless we get an interpretation-- all right. I'll keep the record open for it. I'll mark it later.

ATTORNEY: All right.

ADMINISTRATIVE LAW JUDGE: Now you say the first page is missing, is that correct?

ATTORNEY: Yes, right.

ADMINISTRATIVE LAW JUDGE: Would that include the part where the appearances are listed, the first page? You don't know?

ATTORMEY: I don't know. All I can say is I did try to locate the original and it was very difficult because it's going back to 1933 and their records in Mexico are difficult to find so I had a problem.

ADMINISTRATIVE LAW JUDGE: All right. Let's continue. What else did he tell you.

CLAIMANT: And that was all, and...

ADMINISTRATIVE LAW JUDGE: When did he tell you this?

A When? When he was getting the divorce.

ADMINISTRATIVE LAW JUDGE: Was that in 1933?

A Yes.

ADMINISTRATIVE LAW JUDGE: You married him in April 29, 1935.

A No, October 26, 1935.

ADMINISTRATIVE LAW JUDGE: How did he manage to tell you that he got a divorce in '33?

A Pardon?

ADMINISTRATIVE LAW JUDGE: Why did he tell you he got a divorce in '33? Is that at the time he married you?

A He got the divorce before we got married.

ADMINISTRATIVE LAW JUDGE: What made him tell you that he got a divorce?

A Well he told me that he was married and he wasn't living with the woman. I met him about 11 years after he was away from her. And when I went out with him at first I didn't know he was married. Later on he told me that he was getting a divorce and when he got a divorce we were going to get married. So that's what he did. He went up and he got her signature and he got this divorce and we got married in 1935 in Greenwich, Connecticut.

ADMINISTRATIVE LAW JUDGE: He got divorced in '33?

A He got the divorce. In 1935 we got married.

ATTORNEY: The decree was in 1935. He got divorced in April?

CLAIMANT: He got divorced --

ADMINISTRATIVE LAW JUDGE: They were married April-

ATTORNEY: 1935 she got married.

CLAIMANT: That's when I was married.

BY ADMINISTRATIVE LAW JUDGE: Q All right. Max Rosenberg was a sick man, wasn't he?

A Yes.

- Q He suffered several heart attacks?
- A Right.
- Q And how long did Max Rosenberg live with you after the marriage?
  - A Over 30 years.
- Q Was there a time when he, upon advice of his physician began living with his sister and

A No he went up there for his health because he had a heart attack and he went up there to stay there for a little while, then he came back.

- Q And while he was away at his sister's house he continued to maintain you in your family home, is that correct?
  - A Right.
- Q He'd visit you monthly and spend the summers with you?
  - A Righto
- Q This was until your home burned down in October of '68. He continued maintaining you in an apartment after that time.
  - A Right.
  - Q Now where did he vote? Was his legal residence-
  - A From my house.
  - Q From your house.
  - A Right.

- Q Was his automobile registration from your house?
- A Right, right.
- Ω Did Max Rosenberg continue to assume all financial obligations of yours?
  - A Yes.
  - Q He maintained a joint legal residence?
  - A Right.
  - Q And he continued to maintain your marital relationship.
  - A Right.
- Q Is that correct? There was no estrangement between you and Max Rosenberg?
  - A No.
- Q Did Max Rosenberg ever stress the fact that he was not living with you continually due to his heart ailment.
  - A No.
  - Q --- due to marital troubles?
- A No. Just that he went up to his sister every once in a while to rest up. He liked it up there. It was very quiet.
- Q Did you and Max Rosenberg visit your children together?
  - A Yes.
  - Q Did you attend family functions together?
  - A Of course.

Q And did Max Rosenberg come to the house and visit you whenever he pleased?

- A Yes.
- Q And did you go to his sister's house
- A Yes.
- Q --whenever you could?
- A Yes.

ADMINISTRATIVE LAW JUDGE: I have no further questions.

ATTORNEY: May I offer this New York State tax return

of Max Rosenberg and Frieda Rosenberg for 1970, dated 3/24/71,

showing a joint return and the address given as 6591 162nd Street,

where Frieda is now living and where they lived all the time

together.

ADMINISTRATIVE LAW JUDGE: The New York State income tax return of 1970 of Max and Frieda Rosenberg is received in evidence as exhibit number 36. Any further questions counsellor?

BY ATTORNEY: Q Mrs. Rosenberg, Frieda, did Max ever separate from you or ever leave you?

- A No.
- Q He always stayed home?
- A Of course.
- Q He slept at home with you?
- A Yes.

- Q Except for the times he went up to his sister's house?
  - A Right.
  - Q And that you visited with him at the sister's house?
  - A Right.
  - Q And you went to family functions together?
  - A Always.
- Q And you had a Bar Mitzvah of your grandchild which you both went together?
  - A Yes.
  - Q You visited your children together?
  - A Yes.
- Q You always kept your relationship as husband and wife together.
  - A Right.
- Q And ever since 1935 until the day he died you were married to Max Rosenberg?

A That's true.

ATTORNEY: I can't think of anything else.

ADMINISTRATIVE LAW JUDGE: Is there any statement you'd like to make for the record?

ATTORNEY: Yes. I want to state for the record that as far as Frieda Rosenberg is concerned, that she's the wife of Max Rosenberg; that their divorce was obtained back in 1933, a

Mexican divorce, after which Frieda got married. I want to ask one question of Frieda.

Q BY ATTORNEY: Frieda, did you see the divorce papers before you married Max?

A Yes.

Q And was that reported to the Justice of Peace who married you and Max?

A Yes.

Q And was that shown to him too?

A Yes.

Q In your presence?

A Yes.

Q And then you married him?

A Yes. We were married by the Justice of Peace in Greenwich, Connecticut.

ATTORNEY: That they continued to be married all those years; they had two children together; and they have grandchildren out of that marriage. That to her knowledge she always was married to him; that she knew nothing about the fact that claim now being made by the former Mrs. Rosenberg as to the fact that she knew nothing about the divorce, and was not part of the divorce, or anything else. Now moreover, in addition, and of course there is always a presumption of marriage from the fact that she a yot a license of marriage and nevertheless as far as

she's concerned even if there was an impediment to the divorce, nevertheless this is over thirty, forty years since then, forty years since then, no action was brought against Max to set aside the divorce or any action for anything else; the wife had done nothing, the former wife had done nothing during all these years so that maybe during the lifetime Mrs. Rosenberg could have done something to defend a situation to establish a legal marriage if there was going to be an illegal marriage after the, his death. Now, Mrs. Rosenberg never made a claim, never made a claim for Social Security on Max Rosenberg's basis, we have some indication that she was separated from him, that she was divorced from him, that she had no rights from him, and made no claim against him, and the very indication that she new made a claim against him for support or anything else is an indication of the fact that there was knowledge of the separation which we contend was the divorce to which she had knowledge. Now if she had knowledge of that divorce she certainly should be estopped from claiming now that it isn't binding upon her whether it's legal or not and came in and claim Social Security benefits against this woman who married him legitimately to her knowledge, who raised a family, who lived with him and took care of him for forty years, or almost forty years, until he died, raised a family and grandchildren together and lived together, was held out as a wife and was the wife of this man for all these years.

It would be an injustice at this time, now, to have the other wife come in and say that she is the legitimate wife and attacking it because of this divorce that was gotten in Mexico. At this point she should be estopped. Also she is not really for all intents and purposes .... Now, under the law as I understand it, Frieda, Frieda Rosenberg is entitled to benefits if, even if there's an impediment in the original papers of divorce, she's entitled to benefits as long as she lived with Max Rosenberg for his entire life, and they lived together. The only reason there's some argument that she's not entitled to it at this point is that the other, former wife is receiving benefits. Now I understand the so-called benefits is really no benefits because the former wife is getting one dollar only and getting nothing really, she's not really receiving for all intents and purposes getting one dollar is only a technical payment enough to avoid payment to my client who would be entitled to a hundred and fifty or a hundred and seventy-five dollars a month and therefore because of this one dollar my client is losing Social Security which she earned in her life by being married to this man all this time. This earning of Social Securit, benefits is for the husband and the wife and the wife has as much right to that benefit as the husband does and she's entitled to it by the fact that she lived with this man as his wife and the law understands that and they undertake that duty to pay to the wife

even if there is an impediment and there could be a question of legality of their marriage if they lived together and they were living together at the time, all the time until he died and anyway, I further claim it would be a grave injustice to take advantage of a one dollar payment so that this woman can't, because if she didn't claim that one dollar and had any kind of a claim, this woman would be entitled to the benefits because the only argument you can give against this woman because the evidence is she lived with this man all of the time so she had to collect the benefit if the other wife didn't make a claim for the benefit. If she never made a claim she would get the benefit, she'd be entitled to the benefits. It would be a disgrace in the way of the execution of Social Security to avoid payment to this woman, that hundred and fifty dollars, a hundred and seventy-five, whatever she'd be entitled to by paying this woman one dollar a month.

ADMINISTRATIVE LAW JUDGE: All right. Is that all counsel? Is there any statement that you'd like to make for the record?

CELIA ROSENBERG: Yes, please. You look up, you have the record right here that there's a paper that says there was no divorce and it's written there in black and white because I read it and the two pages that follow that.

ADMINISTRATIVE LAW JUDGE: Where is that?

CELIA ROSENBERG: It was in here. I'm just sitting here and I'm listening to this man here. Now he believes everything that she says...

ATTORNEY: No, no, no, no, no. You're wrong.

CELIA ROSENBERG: Just a moment, you had your chance.
You believed everything--

ADMINISTRATIVE LAW JUDGE: Wait a moment, we're off the record.

CELIA ROSENBERG: I have nothing else to say.

ADMINISTRATIVE LAW JUDGE: All right. Is there anywthing further you want to say for the record?

ATTORNEY: No, unless you want a memorandum of law or something like that.

ADMINISTRATIVE LAW JUDGE: You can submit a memorandum of law. Take a week to do it and if there's nothing further either one of you wish to state for the record, this hearing will be closed. After I've carefully considered all the evidence I will make a recommended decision. This hearing is closed.

ATTORNEY: I think you know my point pretty well here and so there's no purpose of further submitting anything to your honor.

ADMINISTRATIVE LAW JUDGE: All right.

(The hearing was closed at 12:30 p.m., August 24, 1973.)

ADMINISTRATIVE LAW JUDGE: The record in this case was reopened at Jamaica, New York on September 18, 1973 for the purpose of admitting the following documents into evidence: Exhibit No. 37: Memorandum of Law, submitted by Morris Aarons, Esq., 8/31/73, and certificate of death of Max Rosenberg. There being nothing further, the record was thereafter closed.

#### CERTIFICATION

I have read the foregoing transcript and hereby certify that it is a true and complete record of the hearing.

Hearing Assistant

### APPLICATION FOR WIDOW'S INSURANCE BENEFITS\*



Form approved. Budget Bureau No. 72-R0718



If you are applying as a widow, the information you furnish on this application will ordinarily be sufficient for a determination on the lump-sum death payment, without the filing of a separate application. If you are awarded monthly benefits on this application and such benefits continue to age 65, you will be automatically entitled to hospital insurance protection at age 65. In addition, this application form may be used for enrollment in the Supple mentary Medical Insurance Benefits plan.

NOTICE: Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act is subject to not more than a \$1,000 fine or 1 year of in

(Do not write in this space)

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Enter Name of Deceased Wage Earner or	Self-Employed Person.	Fator	His Spaint S	Courity Numb	
Max Rosenberg				ecurity Numb	
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LA	ST	MAX KOSENBERG HOW MARRIAGE ENDED	WHEN (Month, Day and Year)	NEW YORK CITY DY.
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$\neg$	Answer	question 14 only if you are the widow.	pace for information about	any other marriage.)
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active for as many as 12 months from the date it is filed but not for any month before you reached age 60. If you are under age 63, your application may be for widow's benefits payable at a reduced rate. They	age 62. If there are any months before you reach age 62 for which you do not wish to claim benefits enter.
Notify the Social Security Administration promptly if you remarry. Generally, remarriage will terminate or decrease the amount of the widow's benefit to which you are entitled. Certain exceptions to this general rule are explained in the "Rights and Responsibilities" booklet which you will receive. However, you must report even if you believe an exception applies. The Social Security Administration will advise you what	additional information and evidence, if any, is needed and will give you a decision on whether your benefits may continue in the regular amount. If the man you marry is entitled to social security benefits, the Social Security Administration will advise you whether you can receive a higher benefit based on his earnings record.
25. Do you agree to notify the Social Security Administration remarry, and to promptly return any benefit chack you receive you remarry, and for any later month?	ve for the month
REMARKS (You may use this space for any explanate, If you have a less adds.	X Yes No
Allegedly Managed a "Mexican Dis Knowing that anyone making a false statement or tion or for use in determining a right to payment punishable under Federal law, I certify that the	Consert to pull divorce of Applicant did not appear or representation of a material fact in an applica-
If this application (and, if relevant, the enrollment question below) has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.	SIGNATURE (Write in Ink)
1. NAME	SIGN COLLEGE PORTOR
ADDRESS (Number and Street, City, State, and ZIP Code)	MAILING ADDRESS (Number and Street, P.O. Hox, or Rural Route)
2. HAME	CITY AND STATE ZIP CODE
	DATE (Month, Day and Year) TELEPHONE HUMBER  15 71 8 6 7949
The second secon	ENTER, MAME OF COUNTY (If any) IN WHICH YOU GOW INE
Answer the question below only if you are now AGE 65 or the next three months.	over, or ou will reach AGE 65 in this month or one of
EMROLLMENT IN THE SUPPLEMENTARY I	MEDICAL INCREASED PENERITE DI ALL
Your social security district office will be glad to expinformation on the physicians' and surgeons' services and enrollment periods, etc. A request for enrollment came enrollment periods specified in the law. If you do not enhave to pay a higher premium and your coverage will be	lain this plan and to give you a leaflet containing d other medical services covered, premium amounts, not be effective unless it is made within one of the
Do you wish to enroll in the supplementary medical insurance due. Where possible, these payments will be deducted from y	hanafire nian2 (Decesion
Yes No Sign below regarding medical insurance benefits plan.	Undecided Currently Enrolled
SIGN MA	



# APPLICATION FOR RETIREMENT INSURANCE BENEFITS\* \*Provided by Section 202(a) of the Social Security Act, as amended

If you are awarded monthly benefits based on this application, you will be automatically entitled at age 65 to hospital insurance protection. (However, bospital benefits are not payable for hospital services furnished before July 1, 1966.) In addition, this application form may be used for enrollment in the Supplementary Medical Insurance Benefits plan.

NOTICE.—Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act is subject to not more than a \$1,000 fine or 1 year of imprisonment, or both.

Flathush Flathush 9/15/67 M. Samling

~	reby apply for entitlement to all insurance bene rity Act, as amended.	, - 1-,	me under littles is and XVIII of the Soci
Lu			
١.	Enter your full name Rosente	erg Male	Enter your Social Security Numb
	. D 1. B	0	11-1-11
	Celia Desa	Female	1024 75
2.	Enter your date of birth (show month, a	lay, and year Enter the n	ame of the State or foreign country
	11/1/1	where you	were borns
	12/18/01	(CRI)	114
3.	Enter your father's full name	Enter your	mother stull name at her birth
	1 0	(her meide	ngame)
	Caron Bed	5 - 1 6/18	o - de
1.	(a) Check whether you are:	-	ic partition
	MARRIED (Whether	WIDOWED T	DIVORCED T SINGL
	living together or separated)	lam not	beling as a wislow
	(If you are now "MARRIED" of	or "WIDOWED." comb	lete (b) and (c) If you shock
	"SINGLE" or "DIVORCED," go of	on to item 5.) as my	own finishes well like
	(6) ENTER YOUR WIFE'S MAIDEN	DATE	VOLID WILEIE
	NAME OR YOUR	OF BIRTH DATE C	CE OR YOUR HUSBAND'S
	HUSBAND'S NAME	give age)	SOCIAL SECURITY NUMBER
	of Production	1810 /19/2	10/
	Louis Working	1190 11/20	- Markety
	Tell If your husband or wife is decreas	ed, enter the date of de	ath here DATE OF DEANH
·.	Your unmarried children (including in	atural children, adopted	children and stopphildren V
	eligible for benefits based on your ear	nings record, if they are,	or have been in the post 12 month
	• under age 18, or		
	· age 18 to 22 and attending school	ol, or	
	<ul> <li>age 18 or over and under a disab</li> </ul>		
	How many children do you have who	may be eligible for bene	fits? NUMBER OF GHILDREN (If non
			Trine Inone.
•	(a) Have you ever filed an application	on for monthly social sec	surity bonefits before?
	(If "Yes," answer (b) and (c).)	Ut Wall on and it was	
	(c) .) /	(1) Ivo, go on to item 7.	
	(b) Enter name of person on whose car	nings record you filed	
		nings record you filed	(c) Enter Social Security Number of person named in (b)

a disabling cond					
(If "Yes," answer	(b).) (If "No," go on to item 8.)			174	
(b) Enter date on wh	nich your disabling condition began.	MONT	H, DAY,	YEAR	
(a) Were you in the Yes f (If "Yes," answer	active military or naval service after  No.  (b) and (c).)  (lf No," omit (b),				)
<ul><li>(b) Enter name of b service.</li></ul>	ranch (Army, Navy, etc.), country se	erved (if ot	her than	U.S.), and	dates of
(c) Have you receiv  Yes f  (If "Yes," answer	ed, or do you expect to receive, a b  No f  (d).) (If "No," omit (d) and go on	-	any of	her Federal	agency?
(d) List all such ager	ncies:				
Did you work in the ro	ailroad industry any time on or after J	anuary I, I	9377		
Yes	₩ No				
Enter the names an	d addresses of all the persons, compa	nies, or Go	vernmen	t agencies	for whom
you worked during	the last 12 months. (If none, show ".	None.")			
• If you worked in ag	ricultural employment, give this inform	nation for t	his year	and last ye	ar.
(If you were self-emp	O ADDRESS OF EMPLOYER	WORK B	EGAN	WORK I (If still u show "Not	vorking
As a cove, omit ties	ms 10 and 11. Continue with item 12.)	НТИОМ	YEAR	MONTH	YEAR
General Fr	ulfillment sous me	. 5	54	not	ende
50 Cooper	Isq nyc				1
(If you need more space	, use "Remarks" space on the back page.)				A.
May we ask your emp	loyers for wage information needed to	process yo	ur clain	17	1
Yes	. □ No				
	yed this year, last year, or the year b			•	
(If "Yes! oter in	n item 13 information about each year o		niploym	ent.)	
Check the year or years in which you were self-employed.	In what kind of trade or business were yo	ou self-employ	yed?	Were your net from your tr pusiness \$400 (Check "Yes"	rade or or more?
_ This Year					
Last Year			E	] Yes	□ No
Year Before Last	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		]	Yes	□ No
				and the same of th	

TOTAL OF LETS

	-	
:	exe · no	Some or all of your benefits are not payable if, while under 72, you work for more than the monthly limit in employ- ent (as defined below) or render substantial services in self-employment in any month, and have earnings in excess of the transfer or the taxable year.* This applies to all employment and self-employment, whether or
	tax	The "monthly limit" is \$100 per month for months in a taxable year ending prior to 1966 and \$125 per month for sable year ending after 1965. If the taxable year is a calendar year, the \$125 amount is effective January 1966.
	for	The "exempt amount" of total earnings which a beneficiary may have without deduction from benefits is \$1,200 per year a taxable year which ends before 1966. It is \$1,500 per year for taxable years ending after 1965. If the taxable year is
	14	(a) How much were your total earnings last
		If the total in (a) is over the exempt amount, answer (b). If less, omit (b) and (c) and so open
		(b) Did you earn more than the monthly limit in employment or render substantial services in self-employment in each month of last year?  (c) If "No" in index substantial services in self-employment in each month of last year?
		(c) IT No, circle each month of last year in which you did not account
		limit in employment and did not render substantial services in self-employment.  LAST YEAR:
	_	Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
	15.	About how much have you earned so far this year?
_	16.	(a) How much do you expect your total earnings to be this year? (Count all of your earnings beginning with the first of this year and all expected earnings through the end of this year.)
		(b) Have you earned more than the monthly limit in and
•	,	Total car substitution services in self-employment in each of the
1		including the present month?
	,	(c) If "No," circle each month of this year including the present month in which you did not earn more than the monthly limit in employment and did not render substantial assistantial
		more than the monthly limit in employment and did not render substantial services in self- employment. I will stop working in the 1967 of will will me THIS YEAR: Latinate my danishing in 1968 will be 1860.  Jan Feb Mar Apr May June July Aug Sont On the 1960.
		Jan Feb Mar Apr May June July Aug Sont Oct Al
	17.	July Aug Sept Oct Nov Dec
		The substantial services in self-employment in each
-		(1) Tes, omit (b).)
		(b) If "No," list each of the next three months in which you do not expect to earn more than the monthly limit in employment and do not expect to render substantial services in self-employment.
	$\perp$	
	of and MOI	innual report of earnings must be filed with the Social Security Administration within 3 months and 15 days after the end may year in which you carned more than the exempt amount, if you were under age 72 at least 1 full month of that year received some benefit payment for such a month. FAILURE TO REPORT MAY RESULT IN THE LOSS OF ONE OR
	18.	Do you agree to file the annual report of earnings when required?
	19.	This application for retirement benefits may be retroactive for as many as 12 months from the date it is filed but not for any month before you reached age 62. If you many as 12 months from the date
		your application may be for benefits payable at a reduced rate. They will continue at a reduced rate even after you reach age 65.
		If there are any months before you reach age 65 for which you do not wish to claim benefits, enter the months and give your reason stapped 1966 nor 1969 1661.
		I first line
- 1	ou u	se in figuring your income tax. If you use a fiscal year (one that does not end  MONTH  MONTH
		(OVFR)

Answer q	uestion 20 only if you are a married	woman.	
20. Is your hi	usband receiving at least one half	of his support from yo	ou? Yes No
(a) Indi	uestion 21 only if you are married and cate whether your marriage was	performed by:	e is applying for benefits.
(b) We	gyman or authorized public officion re you married before your present "Yes," give the following information	nt marriage?	(Explain)  Yes No previous marriages.)
PREVIOUS	TO WHOM MARRIED WHE	N (Month, day, and year)	WHERE (Enter name of city and State
MARRIAGE	HOW MARRIAGE ENDED WHE	N (Month, day, and year)	WHERE (Enter name of city and State
PREVIOUS	TO WHOM MARRIED WHE	N (Month, day, and year)	WHERE (Enter name of city and State
MARRIAGE	HOW MARRIAGE ENDED WHE	N (Month, day, and year)	WHERE (Enter name of city and Stat
	(Use "Remarks" spa	ace for information about a	ny other marriage.)
REMARKS:			
Federal law, If this application has been signed by ust sign below,  I. NAME  ADDRESS (I	ining a right to payment under the certify that the above statements (and, if relevant, the enrollment question below mark (X), two witnesses who know the appligiving their full addresses.  Number and street, City, State and ZIP Coal	SIGNATURE (IF CENT)  SIGNATURE (IF CENT)  HE SIGNATURE	in with)  lia Rosenberg  5 (Number and street, P.O. Boxto  Men York Ave
		ENTER NAME OF C	COUNTY (if any) IN WHICH YOU
Answer the qu	estion below only if you are within 3	months of AGE 65 or	oldes
Your soon the physic A request for If you do not	rial security district office will be glad to en ians' and surgeons' services and other med enre. Iment cannot be effective unless it is enroll within your initial enrollment perion and your coverage will not begin until 6	explain this plan and to give lical services covered, premulate within one of the end, you may have to pay a li-	e you a leaflet containing information ium amounts, enrollment periods, etc. irollment periods specified in the law nigher premium for the medical insur-
due. Where	h to enroll in the supplementary me Lossible, these payments will be deduct	dical insurance benefits   ted from your monthly ben	plan? (Premium payments will be efit check.)
Yes Sign below re	Ondecided Ondeci	Already Enrolled	
SIGN			

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Exhibit No. 32

83386

RF +16# 25M S-ts 701398(67) - 34346

THE CITY OF NEW YORK OFFICE OF THE CITY CLERK

Marriage Register
No. H.D.18208-1920

... City Clerk of the City of New York

As CAGE LICENSE BUREAU-BOROUGH OF MANHATTAN bjr

This Is To Certify The 350 EAST	MAX ROSENBERG	born AGE 21
residing at		LIA BECK
residing at 375 EAST 8th	STREET	born AGE 13
at NEW YORK CITY		
on_JUNE 19,1920	NEW YORK CITY NEW	V YORK
OII		marriage of said persons on file in this office.
The state of the s		ripal Building, Manhattan
	A.	PRIL 26, ,71 
		Man a Man

192

Last year

☐ Year before last



#### APPLICATION FOR LUMP-SUM DEATH PAYMENT\*

(Do not write in this space)

(This application must be filed within 2 years after the date of death of the wage earner or self-employed person.) NOTICE-Whoever makes or causes to be made any false statement or representation of material fact in an application or for use in determining a right to payment under the Social . Security Act is subject to not more than a \$1,000 fine or 1 year of imprisonment, or both DISTRICT OFFICE Enter his (her) Social Security Enter name of deceased wage earner or self-employed person (Check one) (Herein referred to as the deceased) Male MAX ROSENBERG ☐ Female Enter your full name here CAROL STARBOR I hereby apply for the lump-sum death payment and for any insurance benefits payable to me under Title II of the Social Security Act, as amended. inter the date of birth of the Enter the date and place of death deceased (Month, day, and year) (Months day, and year) (City and State) (a) Was the deceased in active military or naval service after September 7, 1939? 'Yes," answer (b) and (c). If "No," go on to item 4) er name of service branch and dates of service (b (c) was anyone (including the deceased) received, or does anyone expect to receive, from any Federal agency other than the Social Security Administration, a benefit based on the employment, military (If "Yes," enter name(s) of such person(s) and name(s) of Federal agency(ies).) Did the deceased work in the railroad industry at any time on or after January 1, 1937? T YES 5. Enter the names and addresses of all the persons, companies, or Government agencies for whom the deceased worked during the 12 months before death. If the deceased worked in agricultural employment, give this information for the year of death and the year before. If neither of the above applies, write "None" below and go on to item 6. NAME AND ADDRESS OF EMPLOYER WORK BEGAN WORK ENDED If the deceased had more than one employer, please list them in order beginning with last (most recent) employer Month Month Year NONE (Use "Remarks" space on back page for information about any other employers.) Was the deceased self-employed this year, last year, or the year before? YES (If "Yes," answer item 7) NO (If "No," go on to item 8) Check the year or years in which the deceased was Were the deceased's net In what kinds of trade or business was the earnings from his trade or business \$400 or more? (Check "Yes" or "No") self-employed deceased self-employed? This year YES NO

\* This may also be considered an application for insurance benefits payable under Section 5 of the Railroad Retirement As FORM SSA-8 (1-70) (Over) EXHIBITIL

YES

YES

NO

		employment during the year i		
	If death o	occurred this year, answer (b). If	not, go on to item 9.	
	(b) Abou	ut how much did the deceased	d earn last year? ————	Amount \$
	YES	deceased ever married? (If "Yes," give the following in all marriages of the deceased in	nformation NO	of death)
	Last arriage	FRIEDA ROSEN	BERG When (Mo., day, and year)	Where (Enter name of City and State)  GRENWICH, CONN.
	of the ceased	How marriage ended	When (Mo., day, and year)	Where (Enter name of City and State)
	evious arriage	To whom married  A MEAL  How marriage ended	When (Mo., day, and year)	Where (Enter name of City and State)
C	of the ceased	How marriage ended	When (Mo., day, and year)	Where (Enter name of City and State)
	evious	To whom married	When (Mo., day, and year)	Where (Enter name of City and State)
C	arriage of the ceased	How marriage ended	When (Mo., day, and year)	Where (Enter name of City and State)
THE REAL PROPERTY.		ed left a widow or widower sure not the widow or widower.	pace on back page for information aburviving, continue with item 10. It enter (her) (his) name and addre	not, go on to item 18.
).	(a) Wer	re not the widow or widower, FRIEDA ROSA 15-91 /6- e the deceased and the survi	enter (her) (his) name and address of the continue with item 10. It enter (her) (his) name and address of the continue with item 10. It enter (her) (his) name and address of the continue with item 10. It enter (her) (his) name and address of the continue with item 10. It enter (her) (his) name and address of the continue with item 10. It enter (her) (his) name and address of the continue with item 10. It enter (her) (his) name and address of the continue with item 10. It enter (her) (his) name and address of the continue with item 10. It enter (her) (his) name and address of the continue with item 10. It enter (her) (his) name and address of the continue with item 10. It enter (her) (his) name and address of the continue with item 10. It enter (her) (his) name and address of the continue with item 10. It enter (her) (his) name and address of the continue with item 10. It enter (her) (his) name and address of the continue with item 10. It enter (her) (his) name and address of the continue with item 10. It enter (his) name and address of the continue with item 10. It enter (his) name and address of the continue with item 10. It enter (his) name and address of the continue with item 10. It enter (his) name and address of the continue with item 10. It enter (his) name and address of the continue with item 10. It enter (his) name and address of the continue with item 10. It enter (his) name and address of the continue with item 10. It enter (his) name and address of the continue with item 10. It enter (his) name and address of the continue with item 10. It enter (his) name and address of the continue with item 10. It enter (his) name and address of the continue with item 10. It enter (his) name and address of the continue with item 10. It enter (his) name and address of the continue with item 10. It enter (his) name and address of the continue with item 10. It enter (his) name and address of the continue with item 10. It enter (his) name and address of the continue with item 10. It enter (his) name and address of th	not, go on to item 18. ss here  N.Y. same address when the deceased
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уо.	(a) Wer died (b) If eithe (b) Reason	ed left a widow or widower sure not the widow or widower,  FRIEDA ROSA  15-91 /6.2  e the deceased and the surviving deceased died, give the follow thich was away?  Deceased Surviving spabsence began  TLLNESS  talized, enter name of hospital	reviving, continue with item 10. It enter (her) (his) name and address of the series o	not, go on to item 18. ss here  N.Y. same address when the deceased whether or not temporarily) when  Date last home 1967 apart at time of death
1.	(a) Wer died (b) If eithe (c) Reason (lf hospital u are the Enter you	ed left a widow or widower sure not the widow or widower,  FRIEDA ROSA  15-91 /6-  e the deceased and the surviving deceased died, give the follow deceased died, give the follow deceased Deceased Surviving spabsence began  TLLNESS  talized, enter name of hospital widow or widower, answer it our date of birth (Month, day and ou are age 50 or over, are you are age 50 or over, are you	reviving, continue with item 10. It enter (her) (his) name and address of the series o	not, go on to item 18.  ss here  N. Y.  same address when the deceased whether or not temporarily) when Date last home 1967 apart at time of death gridow, enter your maiden name abling condition?
yo. 2.	(a) Wer died (b) If ei the (c) Reason (c) If hospitulare the Enter you (a) If you (a) If you (b) If you (c) If	ed left a widow or widower sure not the widow or widower,  FRIEDA ROSA  15-91 /6-  e the deceased and the surviving deceased died, give the follow deceased died, give the follow deceased Deceased Surviving spabsence began  TLLNESS  talized, enter name of hospital widow or widower, answer it our date of birth (Month, day and ou are age 50 or over, are you are age 50 or over, are you	reviving, continue with item 10. It enter (her) (his) name and address of the series o	not, go on to item 18.  ss here  N. Y.  same address when the deceased whether or not temporarily) when Date last home 1967 apart at time of death gridow, enter your maiden name abling condition?

17.	Were vo	married before your marria	go to the deceased?	195			
	Were you married before your marriage to the deceased?						
	1	To whom married	When (Mo., day, and year)	Where (Enter name of City and Sta			
			, , , , , , , , , , , , , , , , , , , ,	Timer name of City and Ste			
	revious arriage	How marriage ended	When (Mo., day, and year)	When the state of			
		The manage ended	(Mo., day, and year)	Where (Enter name of City and Sta			
•		To whom married	When (Mo., day, and year)	Where (Enter name of City and Sta			
Þ	revious						
	arriage	How marriage ended	When (Mo., day, and year)	Where (Enter name of City and Sta			
		To whom married					
•		To whom married	When (Mo., day, and year)	Where (Enter name of City and Sta			
	revious arriage	How marriage ended	When (Mo., day, and year)	Where (Enter name of City and Sta			
				1			
		(Use "Remarks" space	on back page for information abou	t any other previous marriage			
If you	u are not t	he widow or widower, or if yo	u are the widow or widower but f death, answer the following qu	you and the deceased were			
18.	(a) What	was the total amount of the	burial expenses charged by the	destions.			
	fu	neral home(s) (hereafter refer	red to as "burial expenses")? —	\$ 1554.0			
	(b) Did you assume responsibility for payment of any part of the burial expenses? FYES						
	(c) What	amount of burial expenses s	hown in (a) above did you pay? -	(If none, write "None")			
19.	(a) What	is your relationship to the de	ceased?	100 110			
	DAUGHTER						
	(b) If you'are a parent of the deceased, were you receiving one-half of your support						
	from	the deceased at the time of	death?	····· YES			
20.	If you ar	e not related to the deceased	hy blood marriage or adoption				
	If you are not related to the deceased by blood, marriage, or adoption why did you assume responsibility for or pay the burial expenses? (If you are related, omit this item)						
	12.						
			, .				
21.	luon, out	optication for the burial allow r Federal agency of the U.S.	wance been filed (or will it be file , or (if death occurred outside th	ed) with the Veterans' Administe U.S.) any foreign governmen			
21.	agency?	splication for the burial allow in Fectial agency of the U.S., If "Yes," give the following info	, or (if death occurred outside th	e U.S.) any foreign governmen			
21.	agency?	If "Yes," give the following info	mation) NO (If "No," go on	e U.S.) any foreign governmen			
21.	agency?  YES (	"Yes," give the following info  Name of a	mation) NO (If "No," go on	ne U.S.) any foreign governmen to item 22)  Amount Claimed			
21.	agency?  YES (	If "Yes," give the following info	nor (if death occurred outside the small on) NO (If "No," go on Agency	ne U.S.) any foreign governmen ne to item 22)  Amount Claimed			

	YES (If "Yes," give the following information)		T
	Source of payment	Date received or expected	Amount
			\$
_			\$
3.	Did anyone else assume responsibility for paym YES (If "Yes," give the following information)	ent of or pay any part of the	e burial expenses in 18(a)?
	Name and address of other person who assumed responsibility or paid	His relationship to deceased	Amount paid by such other person, if any
		MVD	\$
		MILE 1111 141	
C	ny of the burial expenses shown in 18(a) are unpa aid expenses) can be made ONLY to the funeral ho ompleted.	ome(s). To authorize such p	ayment, the following must
١.	I hereby authorize the Social Security Administration the lump-sum to the	ation to make payment or g	ve notice of nonpayment of
	(Name(:) and addess		
	(Mame(s) and address	s(es) of funeral home(s))	
	(traine(s) and address	s(es) of funeral home(s))	
			PYNey, see
	Payment, if made, is to be applied toward the un	npaid \$(Amount)	
em		npaid \$(Amount)	
em	Payment, if made, is to be applied toward the un	npaid \$(Amount)	
m	Payment, if made, is to be applied toward the un	npaid \$(Amount)	
m	Payment, if made, is to be applied toward the un	npaid \$(Amount)	
em	Payment, if made, is to be applied toward the un	npaid \$(Amount)	
kno se i	Payment, if made, is to be applied toward the unarks: (You may use this space for any explanations. I now that anyone who makes a false statement or rein determining a right to payment under the Social	npaid \$(Amount)  If you need more space, attach	a separate shiet.)
kno se i	Payment, if made, is to be applied toward the unarks: (You may use this space for any explanations. I	npaid \$(Amount)  If you need more space, attach  epresentation of a material f  Security Act commits a crim	a separate shiet.)  fact in an application or for the punishable under Federal
knose i aw.	Payment, if made, is to be applied toward the unarks: (You may use this space for any explanations. If the payment in determining a right to payment under the Social I affirm that the above statements are true.	epresentation of a material fill Security Act commits a crim  Signature (First name, middle	a separate shiet.)  fact in an application or for the punishable under Federal
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things the same of	Payment, if made, is to be applied toward the unlarks: (You may use this space for any explanations. If you may use this space for any explanations. If you withat anyone who makes a false statement or rein determining a right to payment under the Social I affirm that the above statements are true.  SIGNATURE OF WITNESSES  Is application has been signed by mark (X), two with who know the applicant must sign below, giving their didress.	epresentation of a material of Security Act commits a crime Signature (First name, middle Sign Here Land (Number and Rural Route)	a separate shiet.)  fact in an application or for the punishable under Federal initial, last name) (Write in ink)  A street, Apt. No., P.C. Fox, or
things in a second seco	Payment, if made, is to be applied toward the unlarks: (You may use this space for any explanations. If the space for any explanations in determining a right to payment under the Social I affirm that the above statements are true.  SIGNATURE OF WITNESSES Is application has been signed by mark (X), two with sew ho know the applicant must sign below, giving their didress.	epresentation of a material of Security Act commits a crime Signature (First name, middle Sign Here Mailing address (Number and Mailing addres	a separate shiet.)  fact in an application or for the punishable under Federal initial, last name) (Write in ink)  Add street, Apt. No., P.C. Pox, or

--- LIMINATION OF AWARD VEFARIMENT OF HEALTH, EDUCATION AND WELFARE IAL SECURITY ADMINISTRATION as defined in Title II of the ACCOUNT NUMBER (The terms below are il CONTROL BLOCK NO. approved by Comptroller General, U.S. Social Security Act c. are used pursua 089-01-January 23. 358 060771 rereto.) INSURED INDIVIDUAL RACE | SEX DATE OF DEATH 2 REO STATUS MILITARY R R INFO MAX \ROSENBERG 04/14/71 4. DIVIDENO DIS BASE YRS EXC. EL YPS /DO YPS DIVISOR INC YES BASE PERIODISD CD PETRO PIA CURRENT PIA 5. RETRO MAX. CURRENT MAX SAC 200.20K NAME OF DATE OF DATE CLAIM RELATIONSHIP REFERENCE ENTITLEMENT BENEFIT OTHER BEN AIMANT BIRTH FILED DATE TYPE ACCOUNT NUMBER DATE AMOUNT AMOUNT G1 06/02/71 BENEFIT CONTINUITY FACTORS PAID AS FOLLOWS B. LUMP SUM 7A. REP PAYEE BEN. JAS 0 FAC EARN SYM. TYPE GON cus INST NAM G1-1554.00 2 3 4 5 6 7 8 9 10 1 255.00 . H EXPENSES REMAINS UNPAID 1554=.00 None 11. REMARKS DO CODE Flushing NY 150 TERM INITIATED 12. INITIAL ENTITLEMENT DATA DATE OF DEATH PAYMENT MONTHLY BENEFIT SYMBOL NAME AND ACORESS MENT 33590C Exhibit CAROL E STARROFF 255.00 67 12 164 ST APT 5C FLUSHING MY 11365 This is to certify that this determination is based on supporting evidence on file. CLAIMS REPRESENTATIVE DATE

#### APPLICATION FOR WIDOW'S INSURANCE BENEFITS\* .



If you are applying as a widow, the information you furnish on this application will ordinarily be sufficient for a determination on the lump-sum death payment, without the filing of a separate application. If you are awarded monthly benefits on this application and such benefits continue to age 65, you will be automatically entitled to hospital insurance protection at age 65. In addition, this application form may be used for enrollment in the Supplementary Medical Insurance Benefits plan.

NOTICE: Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act is subject to not more than a \$1,000 fine or 1 year of imprisonment, or both.

Form approved. Budget Bureau No. 72-R0718

(Do not write in this space)

FI. USHING. NEW YOR

1.98 JUN 18 1971

SSA DISTRICT OFFICE

inter	Name of Deceased Wage Farner or	Self-Employed Person.		Enter H		Security Numb	
-+	Your Full Name.	enverg	0	06	1_0/	-1	
	Friedy (B)	senberg		8/89	ye or will	Security Number	icate)
1	ride AVIII of the Social Secur						of
1.	(a) Have you ever before filed an or for huspital or medical ins	n application with the Social Security Admini urance?  (b) and (c).)  \text{No} (1/"N					
		se earnings record you filed other		(c) Ente	er Social S erson nar	Security number ned in (b).	
	1 max	Hosenberg		089		1939	0
-	I — INFORMATION ABOUT DECEASE						
2.	Enter the date of birth of the deceased (Month, Day and Y	3. Enter the date and place of de (Month, Day and Year Opin 14 197			(Ci	ty and State)	n.4
4.	Enter the name of the state or fo his fixed permanent home at the	reign country where the deceased had time of his death.		STATE	OR FOREIG	MEQUNTRY	. 1
5.	Enter the names and addressed worked during the	es of all the persons, companies or governme	ent ag	encies fo	r whom d		·
	If the deceased worked in ag the year before.	12 months before death. (If none, write ricultural employment, give this information	None for th	e year of	f death a	nd .	
	the year before.  NAME AND If deceased had more than	ADDRESS OF EMPLOYER To one employer, please list them in order	for th	work B		•	ENDED
	the year before.  NAME AND If deceased had more than beginning with	ADDRESS OF EMPLOYER To one employer, please list them in order last (most recent) employer.	for th	e year o		•	T
	the year before.  NAME AND If deceased had more than beginning with	ADDRESS OF EMPLOYER To one employer, please list them in order last (most recent) employer.	for th	WORK B	EGAN	WORK	T
6.	the year before.  NAME AND If deceased had more that beginning with  (Use "Remarks" space for in	ADDRESS OF EMPLOYER I one employer, please list them in order last (most recent) employer.  Information about any other employer.)  loyed this year, last year, or the year before	for th	WORK B	EGAN YEAR	WORK	YEA
6.	Hame deceased worked in age the year before.  NAME AND If deceased had more that beginning with (Use "Remarks" space for in (a) Was the deceased self-emiliary of the control of the contr	ADDRESS OF EMPLOYER I one employer, please list them in order last (most recent) employer.  Information about any other employer.)  loyed this year, last year, or the year before	MO	WORK BONTH	EGAN YEAR O," go on	MONTH  to question ( Vere the decease arnings from his usiness \$400 or	YEA
6.	Was the deceased worked in age the year before.  NAME AND If deceased had more that beginning with the deceased self-employee.  (Use "Remarks" space for in Yes (If "Yes," answer in which the deceased was self-employed.	ADDRESS OF EMPLOYER I one employer, please list them in order last (most recent) employer.  Information about any other employer.)  loyed this year, last year, or the year before r (b).)  In what kind of trade or business year.	MO	WORK BONTH	EGAN YEAR O," go on	MONTH  to question ( fere the deceaserings from hi	YEA
6.	the year before.  NAME AND If deceased had more than beginning with  (Use "Remarks" space for in  (a) Was the deceased self-emplored yes (If "Yes," answer in which the deceased was self-employed.  This Year  Last Year	ADDRESS OF EMPLOYER I one employer, please list them in order last (most recent) employer.  Information about any other employer.)  loyed this year, last year, or the year before r (b).)  In what kind of trade or business year.	MO	WORK BONTH	EGAN YEAR O," go on	MONTH  to question ( were the decease arnings from his usiness \$400 or Check, "Yes"	YEA  (7).)  sed's net strade or more?  or "No"
	the deceased worked in age the year before.  NAME AND If deceased had more than beginning with the deceased self-emple Yes (If "Yes," answer in which the deceased was self-employed.  This Year  Last Year  Year Before Last	ADDRESS OF EMPLOYER In one employer, please list them in order last (most recent) employer.  Information about any other employer.)  loyed this year, last year, or the year before (b).)  In what kind of trade or business we deceased self-employed?	MO	WORK BONTH	EGAN YEAR O," go on	WORK MONTH  to question ( fere the decease arnings from his usiness \$400 or Check, "Yes"	7).) sed's net is trade or more? or "No" No
7.	the year before.  NAME AND If deceased had more than beginning with  (Use "Remarks" space for in  (a) Was the deceased self-empl  Yes (If "Yes," answer  (b) Check the year or years in which the deceased was self-employed.  This Year  Last Year  Year Before Last  (a) About how much did the deceaself-employment during the year	ADDRESS OF EMPLOYER In one employer, please list them in order last (most recent) employer.  Information about any other employer.)  loyed this year, last year, or the year before (b).)  In what kind of trade or business we deceased self-employed?  Lettree.	MO	WORK BONTH	YEAR  YEAR  O," go on  R  R	WORK  MONTH  to question ( where the decease arnings from his usiness \$400 of Check, "Yes"  Yes [ Yes [	7).) sed's net's trade or more? or "No" No
	the year before.  NAME AND If deceased had more than beginning with  (Use "Remarks" space for in  (a) Was the deceased self-empl  Yes (If "Yes," answer  (b) Check the year or years in which the deceased was self-employed.  This Year  Last Year  Year Before Last  (a) About how much did the deceaself-employment during the year	ADDRESS OF EMPLOYER If one employer, please list them in order last (most recent) employer.  Information about any other employer.)  loyed this year, last year, or the year before (b).)  In what kind of trade or business we deceased self-employed?	MO	WORK BONTH  (If "No	YEAR  YEAR  O," go on  R  R	WORK MONTH  It to question ( fere the decease arnings from his usiness \$400 or Check "Yes"  Yes  Yes  Yes	7).) sed's net's trade or more? or "No" No

		deceased work in the railroad industry at any 1, 1937?	time on or after	Yes Na
9.	(a) Was	the deceased in active military or naval service." ansecr (b) and (c). If "No," go on to		Yes WNo 19
	,	r name of branch (Army, Navy, etc.), country	dates of service.	
30.1	any the	anyone (including the deceased) received, of federal agency other than the Social Secuemployment, military service, disability, or dealing "Yes," enter name(s) of such person(	rity Administration, a beneut	based on Yes No
PART II	- MARE	RIAGE AND RELATED INFORMATION		
10.	Enter be	elow the information requested about each m	arriage of the deceased, includi	ng his marriage to you.
	ST	To WHOM MARRIED Poerberg	WHEN (Month, Day, and Year)  Quel 26 1935	WHERE (Enter name of City and State)  Lieuwich Conn.
	THE	HOW MARRIAGE ENDED	WHEN (Month Day, and Year) Openil 14 197/	WHERE (Enter name of City and State)
	lous	TO WHOM MARRIED	WHEN (Month, Day, and Year)	WHERE (Enter name of City and State)
OF	RIAGE THE ASED	HOW MARRIAGE ENDED	WHER (Month, Day, and Year)	WHERE (Enter name of City and State)
12.	Clergym Have yo	Authorized public official our married since the death of the deceased?		(Explain) Yes No
13.	name: i	elow the information requested about each of t is not necessary to repeat the other inform information on all other marriages, whether be	ation about this marriage you h	ave already given in item 10. Enter cem-
L	AST	HOW MARRIAGE ENDED	WHEN (Month, Day and Year)	WHERE (Enter name of City and State)
	DUR	Herbert Ontrille	WHEN (Month, Day and Year)  Soft 9 1924  WHEN (Month, Day and Year)	WHERE (Enter name of City and State)  WHERE (Enter name of City and State)
	VIOUS	HOW MARRIAGE ENDED Use "Remarks" sp	vace for information about an	0
14.	(a) Wer	er question 14 only if you are the widow.  The you and the deceased living together at the other deceased died?	e same address	☐Yes ☐ No
		ither the deceased or you were away from how the following: accord of	me (whether or not temporarily)	
	WHICH	WAS AWAY	RVIVING SPOUSE	DATE LAST HOME
	REASO	N ABSENCE BEGAN  Cleres		ART AT TIME OF DEATH
	IF HOS	ETIEN LOLARED	ATURE OF ILLNESS OR DISABLIN	nai Causes
		er question 15 only if you were divorced fr		Пv. П.
15.		s the déceased under a court order to contrib s the deceased contributing to your support		Yes No

the state of the s

16.	Enter your date of birth (Show month, day, and year). Ofer 7, 1907	Enter the name of were born.	the State or fore	eign country	where y	00
17.		NA	4/	·		201
18.	(a) Are you unable to work because of a disabling condition	espein	/			
10.		*** (If "No," go or	to item 19.)			
	(b) Enter date on which your disabling condition began.		MONTH, DA	8,		
1	f you are age 62 or older, or you will reach age 62 in 9 and 20. If not, go on to Item 21.	this month or one o	of the next 3 n	nonths, an	swer Qu	uestions
19.	Were you in active military or naval service after Septe	mher 7, 1939?		Ī	Yes	VNg
20.	Did you work in the railroad industry at any time on or a	after January 1, 1937?		Г	Yes	WNo
I it	f you are filing ONLY as a disabled widow, omit it tems 21, 22, 23 and 24 must be answered.	ems 21, 22, 23, 24, a	nd go on to it	em 25. In	all oth	er cases,
	Please read the following info	ormation before going	on to Item 21.			
cov Th tax	fined below) for the taxable year.* This applies to employment and self-employment, whether or not vered by the Social Security Act. he monthly limit is \$125 per month for months in a kable year ending prior to 1968 and \$140 per month or any taxable year ending after 1967. If the taxable	As an emplo take-home p of when th	If the tax ble exempt amounted exempt amounted yee, you counted ay) you carn e wages are	t the gros	ing 196 s wages e year,	(not the regardles
yea	ar is a calendar year, the \$140 amount is effective nuary 1968.	employed pe your busine	erson, you cou ss (after ded	int the ne	et earni	ings from
Jan	ar is a calendar year, the \$140 amount is effective nuary 1968.  Answer item 21 only if the deceased died before this	employed pe your busine expenses).	rson, you cou	int the ne	et earni	ings from
Jan	Answer item 21 only if the deceased died before this  (a) How much were your total earnings last year?  If the total in (a) is over the exempt amount, of	employed pe your busines expenses).  s year.  answer (b). If less, o	erson, you couss (after ded	\$ and go	lowable	ings from busines
Jan	Answer item 21 only if the deceased died before this  (a) How much were your total earnings last year?	employed pe your busines expenses).  s year.  answer (b). If less, o	erson, you couss (after ded	\$ and go	lowable	ings from busines
yea	Answer item 21 only if the deceased died before this (a) How much were your total earnings last year?  If the total in (a) is over the exempt amount, a (b) Did you earn more than the monthly limit in employs month of last year?  Yes (If "Yes," omit (c).)	employed person business expenses).  s year.  ansiver (b). If less, or ment or perform substa	enson, you countries (after ded	\$	on to i	ings from busines item 22.
Jan	Answer item 21 only if the deceased died before this  (a) How much were your total earnings last year?  If the total in (a) is over the exempt amount, a  (b) Did you earn more than the monthly limit in employment of last year?	employed person business expenses).  s year.  ansiver (b). If less, or ment or perform substa	enson, you countries (after ded	\$	on to i	ings from busines
Jar 21.	Answer item 21 only if the deceased died before this (a) How much were your total earnings last year?  If the total in (a) is over the exempt amount, a (b) Did you earn more than the monthly limit in employs month of last year?  Yes (If "Yes," omit (c).)  (c) Circle each month of last year in which you did not e substantial services in self-employment.	employed person businesses.  s year.  answer (b). If less, or ment or perform substates are more than the more than the more performance in the more than th	enson, you countries (after ded	\$	on to i	ings from busines
Jar 21.	Answer item 21 only if the deceased died before this (a) How much were your total earnings last year?  If the total in (a) is over the exempt amount, a (b) Did you earn more than the monthly limit in employs month of last year?  Yes (If "Yes," omit (c).)  (c) Circle each month of last year in which you did not e substantial services in self-employment.  Jan Feb Mar Apr May June  (a) How much do you expect your total earnings to be the	employed po your busines expenses).  s year.  answer (b). If less, o ment or perform substate in the mount of	enson, you countries (after ded ential services in o," answer (c) onthly limit in entire services in the servi	\$ and go self-employment Nov	on to i	ings from busines
Jar 21.	Answer item 21 only if the deceased died before this (a) How much were your total earnings last year?  If the total in (a) is over the exempt amount, a (b) Did you earn more than the monthly limit in employs month of last year?  Yes (If "Yes," omit (c).)  (c) Circle each month of last year in which you did not e substantial services in self-employment.  Jan Feb Mar Apr May June  (a) How much do you expect your total earnings to be the with the first of this year and all anticipated earning If the total in (a) is over the exempt amount, an	employed per your business expenses).  s year.  answer (b). If less, or ment or perform substated that the modular more than the modular performance in the	enson, you countries (after ded ential services in o," answer (c) onthly limit in entity limit	\$ and go n self-employment  Nov	on to i	ings from busines
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Jar 21.	Answer item 21 only if the deceased died before this (a) How much were your total earnings last year?  If the total in (a) is over the exempt amount, a (b) Did you earn more than the monthly limit in employs month of last year?  Yes (If "Yes," omit (c).)  (c) Circle each month of last year in which you did not e substantial services in self-employment.  Jan Feb Mar Apr May June  (a) How much do you expect your total earnings to be the with the first of this year and all anticipated earning If the total in (a) is over the exempt amount, an	employed por your business expenses).  s year.  answer (b). If less, or ment or perform substated that the modular performs that the modular performs that the modular performs that the end of aswer (b). If less, or memployment or perform of this year including the property of this year including the property of this year including the property of t	enson, you countries (after ded ential services in the contries of the contrie	\$ and go n self-emple  Nov	on to i	ings from busines
Jan	Answer item 21 only if the deceased died before this (a) How much were your total earnings last year?  If the total in (a) is over the exempt amount, a (b) Did you earn more than the monthly limit in employs month of last year?  Yes (If "Yes," omit (c).)  (c) Circle each month of last year in which you did not e substantial services in self-employment.  Jan Feb Mar Apr May June  (a) How much do you expect your total earnings to be the with the first of this year and all anticipated earning If the total in (a) is over the exempt amount, and (b) Have you earned more than the monthly limit in services in self-employment in each of the months of the services in self-employment in each of the months of the services in self-employment in each of the months of the services in self-employment in each of the months of the services in self-employment in each of the months of the services in self-employment in each of the months of the services in self-employment in each of the months of the services in self-employment in each of the months of the services in self-employment in each of the serv	employed por your business expenses).  s year.  answer (b). If less, or ment or perform substated that the modular performs the performs that the modular performs the modular performs that the modular performs t	enson, you couse (after ded ential services in the control of the	\$ and go n self-emple  Nov  \$ 's  inth?	on to i	ings from businessitem 22. n each
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yea Jan 21. Anno 15	Answer item 21 only if the deceased died before this (a) How much were your total earnings last year? If the total in (a) is over the exempt amount, a (b) Did you earn more than the monthly limit in employs month of last year?  Yes (If "Yes," omit (c).)  (c) Circle each month of last year in which you did not e substantial services in self-employment.  Jan Feb Mar Apr May June  (a) How much do you expect your total earnings to be the with the first of this year and all anticipated earning.  If the total in (a) is over the exempt amount, and (b) Have you earned more than the monthly limit in services in self-employment in each of the months of Yes (If "Yes," omit (c).)  (c) Circle each month of this year in which you did not services in self-employment.  Jan Feb Mar Apr May June annual report of earnings must be filed with the cial Security Administration within 3 months and days after the end of any year in which you earned	employed per your businessexpenses).  s year.  In No (If "No pears more than the most substant and the most substant and the end of the same of this year? (Count all earnings through the end of this year including the earn more than the most substant and the most	enson, you couse (after ded ential services in the control of the	\$ and go self-emple  Nov  Such a m Such a m Sult IN	and did  Dec  car and onth. F  THE 1	not perfor
yea Jan 21. Anno 15	Answer item 21 only if the deceased died before this (a) How much were your total earnings last year? If the total in (a) is over the exempt amount, a (b) Did you earn more than the monthly limit in employation month of last year?  [ Yes (If "Yes," omit (c).)  (c) Circle each month of last year in which you did not e substantial services in self-employment.  Jan Feb Mar Apr May June  (a) How much do you expect your total earnings to be the with the first of this year and all anticipated earning. If the total in (a) is over the exempt amount, and (b) Have you earned more than the monthly limit in services in self-employment in each of the months (a) Yes (If "Yes," omit (c).)  (c) Circle each month of this year in which you did not exervices in self-employment.  Jan Feb Mar Apr May June annual report of earnings must be filed with the cial Security Administration within 3 months and cial Security Administration within 3 months and	employed per your businessexpenses).  s year.  In No (If "No arm more than the most start more than the end of asser (b). If less, ome employment or perform of this year including the earn more than the most some benefit TO REPOR ADDITION	enson, you couse (after ded ential services in the control of the	\$ and go self-emple  Nov  Such a m Such a m Sult IN	and did  Dec  car and onth. F THE I EFPTS.	not perform

24.	active for as many as 12 months from the date it is filed but not for any month before you reached age 60. If you are under age 63, your application may be for widow's benefits payable at a reduced rate. They	age 62. If there are any months before you reach age 62 for which you do not wish to claim benefits enter the months here and give your reason.
		• ,
you dec you rul boo	tify the Social Security Administration promptly if a remarry. Generally, remarriage will terminate or crease the amount of the widow's benefit to which a are entitled. Certain exceptions to this general e are explained in the "Rights and Responsibilities" believe which you will receive. However, you must cort even if you believe an exception applies. The cial Security Administration will advise you what	additional information and evidence, if any, is needed and will give you a decision on whether your benefits may continue in the regular amount. If the man you may is entitled to social security benefits, the Social Security Administration will advise you whether you can receive a higher benefit based on his earnings record.
25.	Do you agree to notify the Social Security Administration remarry, and to promptly return any benefit check you receive you remarry, and for any later month?	ve for the month Yes No
REMAI	RKS (You may use this space for any explanations. If y	ou need more space, attach a separate sheet.)
tio	nowing that anyone making a false statement on or for use in determining a right to paymen inishable under Federal law, I certify that the	r representation of a material fact in an applica- t under the Social Security Act, commits a crime above statements are true.
lf hi	this application (and, if relevant, the enrollment question below) as been signed by mark (X), two witnesses who know the applicant ust sign below, giving their full addresses.	SIGNATURE (Write in Ink) 2 1979
1. N	AME	SIGN Drieda Prochery
A	DDRESS (Number and Street, City, State, and ZIP Code)	MAILING ADDRESS (Number and Street, P.O. Box, or Rural Route) 65-9/ 167 00
2. N	AME	Fleishing ny 1/365
A	DDRESS (Number and Street, City, State, and ZIP Code)	ENTER NAME OF COUNTY (if any) IN WHICH YOU HOW LIVE
Ar	aswer the question below only if you are now AGE 65 of next three months.	or over, or you will reach AGE 65 in this month or one of
	ENROLLMENT IN THE SUPPLEMENTARY	Y MEDICAL INSURANCE BENEFITS PLAN
	Your social security district office will be glad to ex information on the physicians' and surgeons' services a enrollment periods, etc. A request for enrollment ca enrollment periods specified in the law. If you do not have to pay a higher premium and your coverage will	enroll within your initial enrollment period, you may
	Do you wish to enroll in the supplementary medical insurance due. Where possible, these payments will be deducted from Yes No	e benefits plan? (Premium payments will be your monthly benefit check.)  Undecided  Currently Enrolled
J.	Sign below regarding medical insurance benefits plan.  SIGN HERE	

EARNINGS RECOR. P.I.A. DETERMINATION ACCOUNT IDENTIFICATION

ACCOUNT SENTING OF BIETH FILING DEATH ONSET ELECTION SEQUEST SCOT OF SET OF FORM SSA 794 18-70) MILITARY SERVICE LAG INFORMATION

TITE FEROS ANOUST USES TITE FEROS ANOUST USES THE FEROS ANOUST USES TITE FEROS ANOUST USES TO LOWER FROM THE SCHOOL BATA IN SLOCKS I A AND EAST CO ACCOMEND A TO THE LAW ON THE SALE OF THE SEC OF THE SOCIAL SECURITY ADMINISTRATION AND SEC EARNINGS RECORD DATA OC AND EARNINGS TOTALS QUARTER OF COVERAGE TESTS \*\*\*\*\*\*\*\*\* 10744 7 194-001 WILLIAM E. HANNA, JR. 80405.07 CLECTRONICALLY DEVELOPED STATE 46 38 122831.57 00 10 10 1200 SS 4200.00 CCNN 0 0 64 9897.60 x CCCC 0 0 37 CU2 DATE DA/14/71 cccc 00 ccccoo 65 56 5307.75 A CLAIM STATUS 66 6600 .00 H CCGG 0 0 57 7341.15 cccc o o 48 39 4454 0 0 C • CC 2 2 7800 68 40 NAAN O O 59 4800.00 H CCGG 0 2 50 41 YYYY O.C 4800.00 H CCGG 1 2 69 3565.20 51 42 NAMA O O 70 U 41 4800.00 H CCCG 0 0 3670.00 52 43 O O MYYY 71 CCHN 0 62 4900.00 H CCCG 0 0 53 3600.00 CCN'1 0 63 4800.00 x CCCG 0 0 72 54 3400.0C ......... \*\* TE VE W 14 6: BENEFIT COMPUTATIONS ....... FIRST #60 D \*\*\*\*\*\* OM #1 - stree -\*\*\*\*\* 11/4 \*\*\*\* DIVIDENO -.0. 200 20x 255.00 04/71 DO. PE OR BOIREMARY 35400400 45 65 \*\*\*\* EXHIBIT NO. D 202 d

## New York State Income Tax Resident Return 1970

203

NY State Department of Taxation and Finance

10

If husband and wife file a Joint Federal Return and elect to file Separate State Returns, use Form IT-208

Fiscal year ended					У	-
First name and initial (if joint return, enter both)	Last name		Your social security	number	Occupation	
	NBER 6-		10/101	1934	5 RETILE	2
Home address (Number and street or rural route)		Apt. No.	Spouse's social secu	rity numbe	er Cocupation	
(.1 - 11	16240 S	TYP CODE		<u></u>		
City, village, post office and state	w Yarle	ZIP code	County of resider			
		11361	- GUEEN	<u> </u>	and an interest the same of th	
A) If married and filing a joint Federal Return check here	A .					
B) If spouse is filing a separate NY State Return check he	ere and enter nam	ne of spouse				
C) If not a New York State resident for the entire year give						
1 Total Income (line 18 of Federal Form 1040)	To: month	dayyear		18	8085	TUT
If there are no entries on lines 2 or 4, enter amount fi	om line 1 on line	6		- 19	- Guer	+
2 Additions	Olli line i Oli line	<u> </u>		-		
? ne 1 plus line 2				-		1
4 oubtractions	-					1
5 Total New York Income (line 3 less line 4)					2085	145
6 Itemized Deductions or Standard Deductio	n (Standard Dedi	ction-10% of line 5, but	not more than \$1000-	enter		T
on line 6e. If husband and wife file separate returns						
a) Total itemized deductions from Federal	Return					
b) Life insurance premiums and other ded						1
c' Line 6a plus line 6b				$\perp$		1
ncome taxes included in line 6a and oth		3		11	0.0	
e) Line 6c less line 6d or Standard Deduc	tion		<u> </u>	P P	1 808	10
7 Line 5 less line 6e					72-76	130
8 Exemptions from Federal Return					1871	133
9 New York taxable income (line 7 less line 8)					5401	190
10 Tax on amount on line 3 (from Tax Rate Schedu					180	101
11 Statutory credi?check box and enter am  \$12.50 Single \$25.00 Head of Household		use with dependent chil				
\$12.50 Single \$25.00 Head of Household \$12.50 Married-filing separate Returns		arried-filing Joint Retur			2 25	00
12 10 less line 11	PO 425.00 III	arried-ming joint rietar	<u>"</u>		Tec	137
13 a) Unincorporated business tax	b) Min	imum income tax	c)	Total	1	1-4
14 Line 12 plus line 13c					155	125
14 Ellio 12 plus illio 100					133	-
	Husband .	Wife	Total			T
15 NY State Tax withheld (attach Forms IT-2102)						1
16 Payments on NY State Estimated Tax						1
17 Line 15 plus line 16			7 )	<b>*</b> *		
18 If your tax (line 14) is larger than your payn		enter Balance Due			155	125
(Remit in full with this Return to New York State Income	me Tax Bureau)					
19 If your payments (line 17) are larger than yo	urtax (line 14),	enter Overpayment				4-
20 Amount of line 19 to be Credited to 1971 E					<u> </u>	
21 Amount of line 19 to be Refunded (see Rem	inder on page 2)		For office use o	7/11	E	
Friedy Frencher	7	3/24		my		
sign Villa time scient			<b>医的过去形态</b> 医	- 7	1	
If Paturn, both husband and wife must sign		Date		The State of the S	- Constant	
			1 1 1	***		
Signature of property other than to come	Eddress	Date	- EXHIBIT	3	6	
Signature of preparer other than taxpayer	Address	Date				

Instead of completing schedules below, you may attach a copy of Federal Return and Schedules.

#### Schedule A

Income and adjustments from Federal Return. Enter the items below as they appear on Federal Return.

1 Wages, salaries, tips, etc.	appear of redoral Heturi.	
2 Dividends (after exclusion)	7/8-	-
3 Interest Income	377	07
4 Income other than wages, dividends and interest:	3 3 8	134
a) Business Income (State type		
b) Sale or exchange of property		-
c) Pensions and annuities, rents and royalties, partnerships, estates or trusts, etc.	cur	24
d) Farm Income	3.60	107
e) Miscellaneous Income	2000	-
6 Adjustments	2000	60

#### Schedule B

Itemized deductions from Federal Return. Disregard unless itemized deduction is claimed on line 6e page 1.
Enter the items below as they appear in Federal Summary of Itemized Deductions.

	of Reffized Deductions.		
Medical and dental expense		T	
Taxes			-
C atributions			-
· rest			
Miscellaneous			-
Total			-
			1

#### Tax Rate Schedule

Single persons (other than head of household or surviving sprise) — If the amount on line 5, page 1 is less than \$2,..., disregard the schedule below and enter "none" on line 10, page 1.

If a	mou	nt on line 9, p	age 1 is:					
ove	r	but not over	enter or	line	10,	page 1		
\$	0	\$1,000		2%	of	amoun	on	line 9
1,0	000	3,000	\$20 plus	3%	of	excess	ovoi	\$1,000
3,0	000	5,000	80 plus	- %	"	"	"	3,000
5,0	000	7,000	160 plus	5%	"	"	"	5,000
7,0	000	9,000	260 plus	6%	"		"	7,000
9,0	000	11,000	380 plus	7%	"		41	8,000
11,0	000	13,000	520 plus	8%	"	"		11,000
13,0	000	15,000	680 plus	9%	•••		"	13,000
15,0	000	17,000	860 plus	10%	••	**	"	15,000
17,0	000	19,000	1,060 plus	11%	"	**	"	17,000
	200	21,000	1,280 plus	12%	"	"	"	19,000
11	9	3,000	1,520 plus	13%		"	"	21,000
13,0	30L		1,780 plus	14%		"	"	23,000
0.55				-	COMMON A		-	

#### Reminder

1 If you are due a REFUND, mail your Return to— NY State Income Tax Bureau The State Campus

Albany, New York 12228

All others mall Return on or before the Due Date to the NY State District Tax Office which serves your county.

- 2 Sign your Return.
- 3 Attach remittance for balance due.
- 4 Make remittance payable to "NY State Income Tax Bureau."
- 5 Attach copy "No. 1" of each Wage and Tax Statement (Form IT-2102) received from your employers to substantiate the total amount claimed on line 15.

# 1040

# Department of the Treasury / Internal Revenue Service Individual Income Tax Return

翻	1970	

-		ter sender y recember 31, 1970, or other taxacle year beginning	, 1970, ending	19
nt or type		name and initial (if joint return, use first names and middle initials of both)  A 1 2 x 4 4 x ( + + )  int home address (Number and street or rural route)	Kox N/x mi	Your social security number 20 CKG CL G393 Spouse's social security number
ă		6 1 7 1	16) 16.1	1 1
Please	City,	town or post office, State and ZIP code	1	Occu. Yours RETINED
		ng Status—check only one:	Exemptions Regular 65	pation   Spouse's or over / Blind Enter
7	1 [	Single: 2 Married 'ling jointly (ever if only one)	7 Yourself	A C number of boxes
ž.	3 [	Married filing separately and spouse is also filing. If this item checked give succes's social security number in space above and enter.	9 First names of your dependent ch	Checked 3.
pa		tirst name here ►	you	Enter
2		Unmarried Head of Household		number >
7		Surviving widow(er) with dependent child	10 Number of other dependents (from	m line 34)
Lorm W	6 [	Married filing separately and spouse is not filing	11 Total exemptions claimed	· · · · · · • • • • • • • • • • • • • •
201 10		12 Wages, salaries, tips, etc. (Attach Forms W-2 to be	ack. If unavailable, attach explanation) .	12
		13a Dividends (see pages 5) \$ 7 4 9. c' / 13b Less (Also list in Part I of Schedule B. if gross dividends and other	Darance .	13c 549 07
tacn	Income	14 Interest. Enter total here (also list in Part II of Sc		14 536 34
Please attach Copy	-	15 Income other than wages, dividends, and interest	t (from line 40)	15 7000 04
Pie		16 Total (add lines 12, 13c, 14 and 15)		16 8085 45
!		. 17 Adjustments to income (such as "sick pay," mov	ring expense etc. from line 45)	17
-		18 Adjusted gross income (subtract line 17 from line )	16)	1 1 020 115
- 11	YOU	age 2 of instructions for rules under which the IRS will fig do not itemize deductions and line 18 is under \$10,000 itemize deductions or line 18 is \$10,000 or more, go to li	ure your tax and surcharge.	18 8085 45
	au	19 1 . (Check if from: Tax Tables 1-15 - Tax Data Cabadala	V V - 7 - C-1-1 - D C-1 - 1 - C-1	19 681 10
7	0 00	20 Tax surcharge See Tax Surcharge Tables A. B and	d C in instructions. (If you claim retire.	•
	ar and	ment income credit, use Schedule R to figure su	rcharge.)	20 12 12
_ '	**	21 Total (add lines 19 and 20)	<del></del>	21 907 00
מספי וופר	ts	22 Total credits (from line 55)	· · · · · · · · · · · · · · · · · · ·	22
	Credits	23 Income tax (subtract line 22 from line 21)		23 907 30
הפשב פוופרון הווברא טו שטוב)	and	24 Other taxes (from line 61)	· · · · · · · · · · · · · · · · · · ·	24 3
	Payments	25 Total (add lines 23 and 24)		125 977 00
1	ne	26 Total Federal income tax withheld (attach Forms W	-2 to back) 26	Typummummanning,
,	ayr	27 1970 Estimated tax payments (include 1969 overpayment allo		Make check or money order payable to Inter-
	۵	28 Other payments (from line 65)	28	Mal Revenue Service.
	_	29 Total (add lines 26, 27 and 28)	. <u> </u>	29
. ;	i i	20 44 05		
-	et.	30 If line 25 is larger than line 29, enter BALANCE !	DUE. Pay in full with return	30 707 00
-	or Refund	31 If line 29 is larger than line 25, enter OVERPAYN		31
	6	32 Line 31 to be: (a) Credited on 1971 estimated tax Under penalties of perjury, I declare that I have examined this return, includes the correct, and complete.	▶ \$ ; (b) Refunded ▶ uding accompanying schodules and statements, and to	\$ the best of my knowledge and but I
100	here	routing is where 3	-5/21	F
V	n Ē	· Trudy Fredery	eli information of which he has am o	yer, based on Data
		Sprice a seculate (if filing foing), ETH must sign even if only one had in	Address	1c *1108-1

Foreign Accounts
(check
appropriate box)

Did you, at any time during the taxable year, have any interest in or signature or other authority over a bank, securities, or other financial account in a foreign country (except in a U.S. military banking facility operated by a U.S. financial institution)?

If "Yes," attach Form 4683. (For definitions, see Form 4683.)

PART I.—Additional Exemptions (Complete only for other dependents claimed on line 10)	
33 (a) NAME (b) Relation (C) Months lived in your (d) Old depend (a) Amount YOU find home (i) born or dead et have income for dependent's su during year write "B" of \$5.5 or more? 100% write "ALL"	urnished (f) Amount furnished poort, if by OTHEKS Includ-
during year write "B" of \$6.5 or more? 100% write "ALL"	' Ing dependent.
	\$
34 Total number of dependents listed above. Enter here and on line 10	>
PART IIIncome other than Wages, Dividends, and interest	
35 Business income (or loss) (attach Schedule C)	135
36 Sale or exchange of property (attach Schedule D)	136
37 Pensions and annuities, rents and royalties, partnerships, estates or trusts, etc. (attach Schedule E).	37 5000 01
38 Farm income (or loss) (attach Schedule F)	38
39 Miscellaneous income (state nature and source)	1
Also since Division wil Associated Wildham	39 2000
40 Total (add lines 35, 36, 37, 38, and 39). Enter here and on line 15	140 2040 0
PART III.—Adjustments to Income	
41 "Sick pay" if included in line 12 (attach Form 2440 or other required statement)	41
42 Moving expense (attach Form 3903)	42
43 Employee business expense (attach Form 2106 or other statement)	43
44 Payments as a self-employed person to a retirement plan, etc. (attach Form 2950SE)	44
45 Total adjustments (add lines 41, 42, 43, and 44). Enter here and on line 17	45
PART IV.—Tax Computation	
46 Adjusted gross income (from line 18)	46
47 (a) If you itemize deductions, enter total from Schedule A, line 22	
(b) If you do not itemize deductions, and line 46 is \$10,000 or more, enter	47
\$1,000 (\$500 if married and filing separately)	
48 Subtract line 47 from line 46	48
49 Multiply total number of exemptions claimed on line 11, by \$625	49
50 Taxable income. Subtract line 49 from line 48 (Figure your tax on this amount by using Tax Rate	
Sched 2 X, Y, or Z unless the alternative taw or income averaging is applicable.) Enter tax on line 51  51 Tax. Enter here and on line 19	50
	131 :
PART V.—Credits	
52 Retirement incor dit (attach Schedule R)	52
53 Investment credit ( in Form 3468)	53
54 Foreign tax credit (attach Form 1116)	54
55 Total credits (add lines 52, 53, and 54) Enter here and on line 22	55
PART VI.—Other Taxes	
56 Self employment tax (attach Schedule SE)	56
57 Tax from recomputing prior year investment credit (attach Form 4255)	57
58 Minimum tax See instructions on page 7. Check here [], if Form 4625 is attached	58
59 Social security tax on unreported tip income (attach Form 4137)	59
60 Uncollected employee social security tax on t.ps (from Forms W-2)	60
61 Total (add lines 56, 57, 58, 59, and 60). Enter here and on line 24  PART VII.—Other Payments	61
2 Excess ELC.A tax withheld (two or more employers—see instructions on page 7)	62 1
63 Credit for Federal tax on pasoline, special fuels, and lubricating oil (attach Form 4136)	63
64 Regulated Vestinent Company Gredit (attach Form 2439)	64
65 Total (add lines 62, 63, and 64). Enter here and on line 28	65

#### Schedules A&B—Itemized Deductions AND (Form 1040) **Dividend and Interest Income**

Department of the Tressury Internal Revenue Service Name(s) as shown on Form 1040

► Attach to Form 1040.

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Your Social Security Number

Schedule A—Itemized Deductions (Schedule B on back)  Medical and dental expenses (not compensated by Insurance or otherwise) for medicine and drugs, doctors, dentists, nurses, hospital care, insurance premiums for medical care, etc.  1 One half (but not more than \$150) of insurance premiums for medical care, etc.  2 Medicine and drugs.  3 Enter 1% of line 18, Form 1040.  5 Itemize other medical and dental expenses, include hearing aids, dentures, eyeglasses, transportation, balance of insurance premiums for medical care not entered on line 1, etc.  11 Total cash contributions.  12 Other than cash (see instructions on page B for page B for required statement). Either total for such items here.  13 Carryover from prior years (see Instructions on page B for imitation).  14 Total contributions (Add lines 11, 12, and 13, Enter here and on line 19, below, See instructions on page B for limitation).  Interest expense—Home mortgage.  Installment purchases.  Other (Itemize).  9 Total deductible medical and dental expenses (Add lines 1 and 8, Enter difference (if less than zero, enter zero).  9 Total deductible medical and dental expenses (Add lines 1 and 8, Enter here and on line 20, below).  **Miscellaneous deductions for child care, alimony, union dues, casualty losses, etc. (see instructions on page ?).
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for limitation)  Interest expense—Home mortgage .  Installment purchases .  Other (Itemize)  6 Total (add lines 4 and 5) .  7 Enter 3% of line 18, Form 1040 .  8 Subtract line 7 from line 6. Enter difference (if less than zero, enter zero) .  9 Total deductible medical and dental expenses (Add lines 1 and 8. Enter here and on line 20, below.) .  Miscellaneous deductions for child care, alimony, union dues, casualty losses, etc.  State and local gasoline (see gas tax tables)  (see instructions on page (i)).
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Installment purchases. Other (Itemize)  6 Total (add lines 4 and 5). 7 Enter 3% of line 18, Form 1040. 8 Subtract line 7 from line 6. Enter difference (if less than zero, enter zero). 9 Total deductible medical and dental expenses (Add lines 1 and 8. Enter here and on line 20, below.).  Miscellaneous deductions for child care, alimony, union dues, casualty losses, etc. (see instructions on page 3).
Other (Itemize)  Indicator of the state of the stat
6 Total (add lines 4 and 5)
7 Enter 3% of line 18, Form 1040
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on line 17, below.)
on line 17, below.)
Taxes.—Real estate
Taxes.—Real estate
State and local gasoline (see gas tax tables) (see instructions on page (1).
General sales (see sales tax tables)
State and local income
Personal property ,
10 Total taxes (Enter here and on line 18. 16 Total miscellaneous deductions (Enter
below.)
Summary of Itemized Deductions
Committely of Remixed Deductions
17 Total deductible medical and dental expenses (from line 9)
18 Total taxes (from line 10)
19 Total contributions (from line 14) .
20 Total interest expense (from line 15)
21 Total iniscellaneous deductions (from line 16)
22 TOTAL ITEMIZED DEDUCTIONS. (Add lines 17 through 21. Enter here and on Form 1040, line 47)

4

Name(s) as shown on Form 1046 (De ant antes				Page 2
Name(s) as shown on Form 1040 (Do not enter no	ame and social secu		Social Security N	
Part Dividend Income	s.: t	7	101:93	91
Note: If gross dividends and other distributi		Paralle Interest Income		
\$100 of less do not complete this part But	antar grace d	1 - 4.00 01 1035, 00 110	t complete thi	s par
dends less the sum of capital gain distribution distributions, if any, on Form 1040, line 13a.	c and and touchin	i but enter amount of interest received on F	orm 1040, line	14.
Gross dividends and all 1940, line 13a.	(see note below)			
1 Gross dividends and other distributions payers and amounts—write (H), (W), (J), husband, wife, or jointly)	on stock. (List for stock held by	1 Earnings from savings an an ausunions (list payers and amoits)	ociations and	credi
SHULDS C	14 21		L3	6 3
Aveil Car	1- 1-		1 30	0 3
Avice Carp Co.	3.11.00		-	
- Can washingnor I ( P. ()	37 00			
- (vii 121 64 ()	46 60		-	
Cin This children	11 2 1.00		-	-
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49266			-	
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			-	-
		2 Other Interest on bank deposits, bonds,	Tumanimo	
		tax refunds, etc. (list payers and amounts)		:
				-
9			-	-
			-	-
			-	-
			-	-
			-	
			-	-
			-	-
			-	-
		V		-
			-	
? Total of line 1	149 67		-	
Capital gain distributions (see instruc-	149 67		-	
tions on page 9. Enter here and on Sched.				
ule D, Part I, line 7.) See note below			·	
Nontaxable distribu-				
tions (see instruc- tions on page 9).				
Total (add lines 3 and 4)				
Dividends before exclusion (subtract line 5 from line 2). Enter here and on		3 7-4-1 1-4		-
Form 1040, line 13a	74907	3 Total interest income. Enter here and on Form 1040, line 14	536	1.00
tota: If you received			1.56	1.54

Internal Secure Service Attach to	ement Income and annuities, rents and rom 1040.	Credit Comp	utation	, 19	70
Name 20 as shown on Form 1040			Your Social	Security Nur	mber
/113 x a / (40)	101.50		1089 0	1 03	73
Fill out and attach a senarate Part I	-Supplemental Income	Schedule (Schedule R or	n back)		
Pension and Annuity In only lines 1, 2 and 5 • if not 1 Name of payer	fully taxable, complete all lin	nuity is fully taxable for es.			
2 If your employer contributed art of th	e cost, is your contribution re	ecoverable (or has your co	ontribution been		
recovered) tax-free within 3 years?	Yes No.				
If "Yes." show: Your contribution \$	173. 44 ., Your contributio	n recovered in prior years	\$		
3 Amount received this year			51 44		1
5 Taxable portion (subtract line 4 from lin		· · · · · L	143.16		
		· · · · · · · ·		1000	44
	ome (If you received rents in its operation, report rentsoney or its equivalent. See in		rm but you did		
(a) Kind and location of property  If residential, also write: R	by Total amount (c) Total amount of rents of royalties		(e) Other expenses (Repairs, ate explain below)		
			-		1
					1
					1
		······································			1
1 Totals					
2 Net income (or loss) from rents and ro	yalties (column (b) plus colu	mn (c) less columns (d) a	and (e))		
					ļ
	Partnerships, Estates of	rrusts, and Small B	usiness	100	
(a. Name and address	Partner- Estate Small Bus.   ship or Trust Corp.	(c) Employer identification number	(d) Income or loss		
		-			
		***************************************			
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		•••••••••••••••••••••••••••••••••••••••			
		•••••••••••••••••••••••••••••••••••••••			
1 Income (or loss) Total of column (d)		······			
TOTAL OF PARTS I, II, AND III (Ente	er here and on Form 104	0. line 37.)		411.1.1	_
Explanation of Column (e), Part II				2000	44
Item Amount	item	Amount	Itam		
	.1		- Itam	Araount	
	-			•••••	
	1				
				•••••	····· •
Schedule for Depreciation Claimed in Pacolumn (b), enter the cost or other basis at end of year in column (d). If you need	of assets held at end of year more space, use Form 45	Revenue Procedures 62 ear in column (c), and en	-21 and 65-13: Ma hter the accumulate	ake no entred deprecia	ry In
(ii) Group and guideline class (b)	Date (c) Cost or	d) Depreciation (e) Method owed or allowable computing	(f) Life or   (g)	Depreciation F	
1 Total additional first-year depreciation (	to not include in items below	in prior years depreciation	m		1
	, include in items below	,		•••••	
	······································	•••••••	••••		
				• • • • • • • • • • • • • • • • • • • •	
•				••••	
	······································				
2 Totals		•••• • • • • • • • • • • • • • • • • • •			
summary of Depreciation	<u></u>				
Straight tine Declining bala	nce   Sum of the   Units of				
Under Rev Procs 62-21 and 65-11	years-digits productio		Other (specify)	Total	

Name(s) as shown on Form 1040 (Do not enter name and social security number if shown on other side)

Your Social Security Number

S	77	N.	Я	10	100
Ö,	K.	u	8	E.	2

If you received earned income in excess of \$600 in each of any ten calendar years before 1970, you may be entitled to a retirement income credit. If you elect to have the Service compute your tax (see page 2 of Form 1040 instructions), answer the question for columns A and B below and fill in lines 2 and 5. The Service will figure your retirement income credit and allow it in computing your tax. Be sue to attach Schedule R and write "RIC" on line 22 of Form 1040. If you compute your own tax, fill out all applicable lines of this schedule.

	The state of the s	
ang	If separate return, use column 8 only if joint return, use column A for wife A B documn B for husband.	C
ccl bin	Did you receive earned income in each of \$600 in each of any 10 calendar aris before 1970? (Widows or widowers see instructions.) If 'Yes' in either Yes No Yes ! No Yes !! No Yes !! No	return and
1	Maximum amount of retirement income for credit computation	
2	Deduct:  (a) Amounts received as pensions or annuities under the Social Security  Act, the Railroad Retirement Acts (but not supplemental annuities), and certain other exclusions from gross income.	
	(b) Earned income received (does not apply to persons 72 or over):	1977/19
	(1) If you are under 62 years of age, enter amount in excess of \$900	W. Staller
	(2) If you are 52 or over but under 72, enter amount determined as follows:	į
	if \$1,200 or less, enter zero if over \$1,200 but not over \$1,700, enter ½ of amount over \$1,200 or if over \$1,700, enter excess over \$1,450	
3	Total of lines 2(a) and 2(b)	
4	Balance (subtract line 3 from line 1)	
5	Retirement income:	William In
	(a) If you are under 65 years of age:  Enter only income received from pensions and annuities under public retirement systems (e.g. Fed., State Govts., etc.) included on Form 1040 line 18.	
	(b) If you are 65 years of age or older.  Enter total of pensions and arrosities, interest and dividends included on Force 1040, line 10, and priss rents from Schedule E. Part II, column by	
6	Line 4 or line 5, whichever is smaller	
7	(a) Total (arth amounts on line 6, columns A and B)  If line 7(a) is less than \$2,286 and this is a joint return and both husband and wife are age 65 or over the Alternative Computation on line 6, column C may result in a larger credit.  (b) Amount from line 6, column C if applicable.	
8	Tentative credit. Enter 15% of line 7(a) or 15% of line 7(b), whichever is greater.	
9	Amount of tax shown on Form 1040, line 19.  Retirement income credit. Enter here and on Form 1040, line 52, the amount on line 8 or line 9, whichever is smaller. Note: If you claim credit for foreign taxes or tax free covenant bonds, skip lines 10 through 12 and use Part II, below	
Co	mputation of tax surcharge	
11 12	Subtract time 10 from line 9  Tay surcharge III line 11 is assist an \$2,070 ford surcharge from Tax Surcharge Table A. B. or C in matructions. If line 11 is \$2.50,000 record, multiply amount on line 11 by .025. Enter result here and on Form 1040, line 20	
	Continuation of retirement income credit computation if you claim credit for foreign taxe or tax free covenant bonds	es Li
	Amount from Part I, line 9 above	
14	Credit for foreign taxes or the free covenant bonds	
15	Subtract line 14 from line 1 - (if less tran zero, enter zero)	
	Note: If the 15 is equal to or indee than line 8. Eart I, above, return to Part I above and complete lines 10 throughout of Part I to figure your returnment income credit and tax surcharge. Complete the rest of this part private the 15 is issued than line 8. Eart I.	
17	Subtract one 15 from line 13  Like sure sure of line 16 is result than \$2.020, find surcharge from Tax Surcharge Table A. B. or C in instructions, it line 16 is \$2.00 for more, multiply amount on line 16 by 025. Enter result here and on Form 1040 rine 20.	
18	Add 100 17 and 17	
19	Refrict and income credit. Enter site and on Furni 1040, line 52, the amount on one 8, Part I, or line 18 whichever is smaller.	
_	Note: 1: 100 4.1 10 and then in a 3, you must reduce line 19 by the amount of the excess but not below zero.	

Frieda Rosenberg, Claimant

Claim for: Wife's Insurance Benefits

Max Rosenberg, Wage Earner

Social Security Account
Number: 089-01-9395

Bureau of Newson

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MEMORANDUM

SEP 171 ...

Social Security

A hearing was held before Administrative Allow Judge's. Theodore Shapiro on August 24, 1973, wherein the main issue to be decided is whether the Claimant, Frieda Rosenberg, is entitled to Wife's Benefits under the provisions of the Social Security Act.

This hearing was set pursuant to an order of remand of the U. S. District Court for the Eastern District of New York.

The testimony of Cecile Rosenberg was that she married Max Rosenberg in 1920. She testified that during the course of her marriage to Mr. Rosenberg, he continually came and went as he chose. The only thing he had was a key to the apartment in which Cecile Rosenberg lived. She states that she rarely knew where Mr. Rosenberg was. She used to get in the mail a check, on a weekly basis, constituting support for the children. She further testified to the fact that as the children got older and got jobs or came of age, the weekly payments ceased.

Mrs. Cecile Rosenberg stated in her testimony that she never made demands upon Max Rosenberg for money for herself; that she never saw or heard from him subsequent to 1952 and that throughout the term of her marriage to him she never knew where he was. She stated that she never made claim to the Social Security Administration for any benefits that would be due her as the spouse of Mr. Rosenberg. As a matter of fact, at the time

of Nax Rosenberg's death, and prior thereto, Cecile Rosenberg had been receiving Social Security benefits on her own behalf, as a result of her own employment, and it appears that subsequent to the death of Max Rosenberg, Cecile Rosenberg's Social Security payments were nominally increased by a sum of \$1.00 or \$2.00. Cecile Rosenberg testified that she never made claim for any surviving benefits subsequent to Mr. Rosenberg's demise.

Sometime during 1935, and prior to his marriage to Frieda Rosenberg, Max Rosenberg obtained a Mexican divorce from his first wife, Cecile Rosenberg. However, it is unclear as to whether or not such Mexican divorce is recognized in the United States, notwithstanding the fact that a divorce decree was obtained.

Mrs. Frieda Rosenberg testified to the fact that Max Rosenberg, in 1935, represented to her that he had obtained a valid Mexican divorce from Cecile Rosenberg, and upon this representation Frieda Rosenberg, in good faith. married him. The Mexican divorce certificate was required and was produced at their wedding ceremony. From that time and up to the time of Mr. Rosenberg's death in 1971, Frieda Rosenberg lived with Mr. Rosenberg as his wife. There were two children, a son and a daughter, born of this marriage, and Max and Frieda Rosenberg had also four grandchildren as a result of their marriage.

Mrs. Frieda Rosenberg stated that she and Mr. Rosenberg always shared the trials and tribulations of raising a family together. Throughout their marriage, income tax returns were always filed jointly as husband and wife, and throughout such time, Max Rosenberg deemed his domiciliary to be the apartment in which he and Frieda Rosenberg resided. Frieda Rosenberg, during

the course of the thirty-six years of their marriage, diligently attended to her marital duties and cared for and nursed Max Rosenberg; when he was in the hospital, she was with him at all times.

In his Last Will and Testament, dated August 4, 1962,
Max Rosenberg referred to Frieda Rosenberg as his wife and
constituted, nominated and appointed her as the Executrix of his
estate. This Last Will and Testament was duly admitted to
probate in the Surrogate's Court, Queens County, and Letters
Testamentary were duly issued appointing Frieda Rosenberg as
Executrix of the Estate of Max Rosenberg.

Frieda Rosenberg made the necessary funeral arrangements as surviving spouse of Max Rosenberg, and she also made the usual marital claims against the Estate of Mr. Rosenberg.

Rosenberg, the only conclusion that can be drawn is that Frieda Rosenberg be deemed the wife of Max Rosenberg. It would be remiss to decide to the contrary, when Frieda Rosenberg lived with Mr. Rosenberg for 36 years and had children and grandchildren with him; nursed him through his illnesses and shared the hardships of marriage with him, as well as the joys; gave the valuable years of her life to one man; and at all times, in family functions, and in the neighborhood, extended herself with him always as husband and wife to the public at large, at to the time of his death in 1971.

Frieda Rosenberg is deemed the wife of Max Rosenberg, and her application filed during January of 1969, during his lifetime, for benefits commencing with her sixty-fifth birthday

, in April of 1969, should be granted.

Frieda Rosenberg shall be entitled to continuous Social Security benefits allowed to a surviving spouse.

Dated: August 31, 1973.

Respectfully submitted,

Morris Aarons, Esq., Attorney for Claimant 101 Park Avenue New York, New York 10017

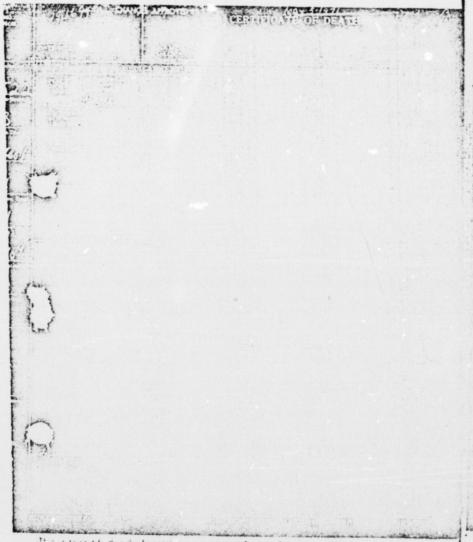
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MATTER NO. 37



#### DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION

### STATEMENT OF CLAIMANT OR OTHER PERSON

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Frieda Rosenberg	W, dow
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SIGN Friedy Rosenbers	7	Telephone Number	_
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# DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION

### STATEMENT OF CLAIMANT OR OTHER PERSON

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## DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION

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## STATEMENT OF CLAIMANT OR OTHER PERSON

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a \$1,000 fine or 1 year of imprisonment, or both.	ocial Security Act is subject to not more than
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#### DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION

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MR. GENALD GROUT 24 16 Oceanierest Stri. Par Hockettay, New York

TELEPHONE: 337 5700

Dear .h. Grosu:

We will appreciate your coming to this office on or before 01/15/74 between the hours of 9 mm and 5 pm . Please bring this letter

We are asking you to visit us because we wish to discuss the divorce of Mrx desemberg in Frico.

Mr Pearlberg

It is my knowledge that Max

Personal diel not gopply for a Attitude Devace

at any time cherry the glain of 1969 + 1971

Serabl Gross

Serabl Gross

Although we will be better able to serve you at the time mentioned above, our office is open for your convenience Monday through Friday, except national holidays.

> Sincerely yours, MR. S. PEARLBERG FIELD REPRESENTATIVE

EXHIBIT AC-3

FORM SSA-L 8008T (3-71)

DETERMINATION OF AWARD

Social Security Administration

Form opproved by Competroller General, U.S.

(The terms below are used as defined in Title II of the Jonuary 23, 1958

Social Security Act or are used pw c thereto.) CONTROL RACE SEX DATE OF Max Rosenberg MARITAL 3. MILITARY SERVICE 04/11:/71 4. DIVIDEND DIS. BASE YRS. EXC. EL YRS./DO YRS. DIVISCRINC, YRS BASE PERIOD-SD/CD RETRO. PIA CURRENT PIA 5. RETRO. MAX. | CURRENT MAX. | SAC 1951 1967 , 200.20K . DEN. NAME OF CLAIMANT DATE OF DATE CLAIM REFERENCE ACCOUNT NUMBER OTHER BEN. ENTITLEMENT DATE BIRTH BENEFIT FILED TYPE AMOUNT 165,20 Celia 06/11/71Y 06/19/20 CM 12/18/01 070-24-9437 A 04/71 163 BENEFIT CONTINUITY FACTORS 8. LUMP SUM REP. PAYEE PAID AS FOLLOWS FMAMJJASOND YR. FAC SYM. GDN CUS 4 5 5 7 8 9 10 11 12 INST NAM 66 F.H. EXPENSES REMAINS UNPAID HE G8 5 11. REMARKS Brooklyn 26 NY D HIB 12/66 D SMIB Ol/68 initially established on AN 65-24-9437 ( INITIAL ENTITLEMENT LATA LUMP-SUM MONTHLY MSCL NAME AND ADDRESS JENE TO PAYMENT 333313 1-30 Celia Rosenberg 17.14 New York Ave Brock 1 m NY 11203 Do Not Certify This is to certify that this determination is based or supporting evidence on file.

#### REQUEST FOR FIELD CONTACT

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CONTACT						furnished.	was not at the address We are attempting to principles or the records.	
Cle	Clerk of Court of Spring Valley				ð	Individual has promised to furnish data within the near future.		
New	York					The person out of tow	n to be contacted is either n or in a distant area. We of contact on our next trip	
PHONE NU	MBER		<del></del>			pleted form	receipt of incorrectly com- n(s) and we are attempting plete information.	
Г							ons or remarks:	
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Please the above and ascertain if any divorce proceedings were instituted between Max Rosenberg and Celia Rosenberg for the period of 3/27/69 through 4/14/71. At the above time period w/e was remaining for a short period of time at: 7 Ware Lane, Spring Valley, NY, in care of Rose Blumberg. This info is being requested by Appeals Council.

See copy of memo and 795's attached.

Thanks....

Contact made by Saldasty F.R. Jamaica, N. D.O.

(Revised 6/24/69)

4

EXHIBIT AC-6

REPORT OF CONTACT Mex Roserberg (Use ink or typewriter) REVIEWING OFFICE NY P BIR CH KC SF DBS DIO SA TO: PERSON(S) CONTACTED AND ADDRESSES: WE OR SE PERSON OTHER (Specify) 851 GRAND CONCOURSE NEW YORK 51, N. Y. CONTACT MADE: DO BO CS HOME PHONE: OTHER SUBJECT Checked following records: Naturalization Certificate Census Records: 1915 1925 MARGIN Source 1968-1974 Divorce Records Z WRITE Surrogate Court Records Miscellaneous Records HON Homicide Records: See Below No Record Located For: Naturalization Certificate Consus Records: 1915 1925 Source Divorce Records 1968 1974 Surrogate Court Records Miscellaneous Records Homicide Records was not involved in the death of the wage earner. There is no action panding, contemplated or completed against SIGNATURE

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OTHER (Specify)

FORM SSA-5002 (1-72)

DISTRICT OFFICE

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Office 39 Bloodway ~70 REPORT OF CONTACT · MAX Rosenders A/N \_ 089-01- 9391 Contact: 1. N.Y. County Clerk, 31 Chambers St., NYC 2. N.Y. Courty Clerk, 60 Centre St., NYC Check for divorce of MAX RISENGERG VS COLA RASENDERL PURPOSE: Alleged date 1962-1973 Checked the records of N.Y. County (Borough of Manhattan) for the years 1965-1973 but could FINDINGS: the years 1965 - 1973 not locate may divorce action for this couple. CONCLUSION: It is provided that the divorce might have been obtained in one of the 4 other counties of MYC: Bronx -- serviced by D/O at 151 E. 151 St. Bronx, N.Y. 10459

Queens serviced by D/O at 144-10 Jamaica Ave.
Jamaica, N.Y. 114-5

Richmond (Borough of Staten Island) serviced by D/C at 180 Bay Street
Staten Island, N.Y. 21201

Kings (Borough of Brooklyn) serviced by D/O at 345 Adams St.

Contact made by

EXHIBIT AC-9

Brooklyn, N.Y. 11201

REPORT OF CONTACT OFFICE: 1 Willoughby Street 230 Brooklyn, N.Y., 1120 MATRIMONIAL Date A/N CONTACT: Kings County Clerk Brooklyn New York PURPOSE: Ascertain whether there is any record c. a Matrimonial action between MAX & Ceun ple sensons Alleged date: NONE FINDINGS: Records of Kinsgs Co. N.Y. for the years 1968 - 1957 searched but unable to locate andy (Divorce, Annulment or Separation action for this couple at the time alleged.) CONCLUSION: It is possible that the action may have been taken in one of the four other counties of New York City, provided they resided in another county of New York City. 1. Bronx -- serviced by D/O at 151 East 151 Street Bronx, New Y rk 10459 2. Manhattan -- serviced by D/O at 39 Broadway New York, N.Y. 10006 3. Queens -- serviced by D/O at 165-15 88th Ave Jamaica, New York 11432 4. Richmond (Borough of Staten Islam.) serviced by D/O at 595 Forest Ave. Staten Island N.Y. 10310 CONTACT MADE BY Field Representative Claims Representative

NOTE: IF THERE HAS BEEN A REMARRIAGE BY FITHER PARTY TO THE DIVORCE, INFORMATION AS TO DATE AND PLACE OF DIVORCE OR TERMINATION OF FAICE MARRIAGE IS LISTED ON MARRIAGE LICENSE FOR SUBSEQUENT MARRIAGE.

EXHIBIT AC-10



## DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION.

NO BOX 2511 WASHINGTON OF THE

1HA-511 -089-01-9395

1 9 JUN 1974

PROPERTOR

Mr. Morris Aarons
Attorney at Law
101 Park Avenue
New York, New York 10017

Dear Mr. Aarons:

Re: Mrs. Frieda Rosenberg, 65-91 - 162nd Street Flushing, New York 11365

In furtherance of the court order of remand in Mrs. Rosenberg's case, the Appeals Council proposes to introduce the following documents into the record as exhibits:

Statements completed by Mrs. Frieds Rosenberg on December 14, 1973

State of Mrs. Manie Gross, undated

Letter to Mr. Gerald Gross, with handwritten reply

Copy of Determination of Award, certified December 3, 1971

Request for Assistance Cartification, with reply dated February 7, 1974

Report of Contact with Quesus County Clerk-dated

Report of Contact with County Clerk, Bronx County, dated April 23, 1974

Report of Contest with County Clerk, Richmond County, dated Juna 6, 1974

EXHIBIT AC-11

Report of Contact with New York County Clerk, dated June 6, 1974

Report of Contact with Kings County Clerk, dated June 7, 1974

We are enclosing copies of these documents to afford you an opportunity to examine and exament on them before they are received into the record. If you have any comments or additional documents, please submit them to the Appeals Council within 10 days from the date of this letter. Thereafter, the Appeals Council will consider the record, including the proposed exhibits, and will issue its decision.

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Acting Member, Appeals Council

Enclosures